# 19-23126-rdd Doc 1 Filed 06/05/19 Entered 06/05/19 15:33:48 Main Document Pg 1 of 66 United States Bankruptcy Court Southern District of New York, White Plains Division

| IN RE:                      |  | Case No  |
|-----------------------------|--|--|
| Lake, Jocelyn               |  | Chapter 7  |
|                             | Debtor(s)  | <u> </u>   |
|                             | VERIFICATION OF CREDITO                            | OR MATRIX  |
| The above named debtor(s) h | ereby verify(ies) that the attached matrix listing | ng creditors is true to the best of my(our) knowledge. |
|                             |  |  |
|                             |  |  |
| Date: June 5, 2019          | Signature: /s/ Jocelyn Lake                        |  |
|                             | Jocelyn Lake                                       | Debtor   |
|                             |  |  |
| Date:                       | Signature:   |  |
|                             |  | Joint Debtor, if any                                   |

06 Nationwide Insurance Nationwide Headquarters 1 Nationwide Plz Columbus, OH 43215-2226

BARRY BACHENHEIMER CSW 5 Fairlawn Dr Ste 201 Washingtonville, NY 10992-1289

Calian Dental Group 445 Hamilton Ave Ste 220 White Plains, NY 10601-1807

Capital One Bank USA N.A. 1680 Capital One Dr McLean, VA 22102-3407

Cllcn Bureau of the Hu 155 N Plank Rd Newburgh, NY 12550-1747

Credit Acceptance Corp PO Box 513 Southfield, MI 48037-0513

Credit Coll PO Box 607 Norwood, MA 02062-0607 Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773-9635

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256-7412

Ethel 1 Suffern, LLC PO Box 206 Montvale, NJ 07645-0206

Eugene A. Passman, Esq. 55 Old Turnpike Rd Ste 106 Nanuet, NY 10954-2449

EZpass 730 McLean Ave Yonkers, NY 10704-3841

EZpass 1902 Whitestone Expy Ste 101 Flushing, NY 11357-3099

Freefern Associates, LLC 301 S Livingston Ave Ste 201 Livingston, NJ 07039-3934

Hyundai Capital Americ 4000 Macarthur Blvd Ste Newport Beach, CA 92660-2558

Hyundai Motor Finance PO Box 20829 Fountain Valley, CA 92728-0829

I C System Inc PO Box 64378 Saint Paul, MN 55164-0378

Internal Revenue Service PO Box 931200 Louisville, KY 40293-1200

Internal Revenue Service 242 W Nyack Rd West Nyack, NY 10994-1711

KINDERCARE 36 Route 59 Suffern, NY 10901-4811

Kindercare Collections DEpt. PO Box 6760 Portland, OR 97228-6760 Orange And Rockland Utilities 390 W Route 59 Spring Valley, NY 10977-5320

Phillip & Mailman, LLp 148 S Liberty Dr Stony Point, NY 10980-2746

Portfolio Recov Assoc 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4952

Purchasing Power, LLC 1349 W Peachtree St NW Ste 1100 Atlanta, GA 30309-2956

RC Dept of Social Services 50 Sanatorium Rd Pomona, NY 10970-3555

Sprint 6480 Sprint Pkwy Bldg 13 Overland Park, KS 66251-6106

Thrift Savings Plan PO Box 385021 Birmingham, AL 35238-5021 Verizon 500 Technology Dr Weldon Spring, MO 63304-2225

Violation Processing Center PO Box 15186 Albany, NY 12212-5186

YMCA 35 S Broadway Nyack, NY 10960-3122  $_{B201B\;(Form 201B)} 126_{\bar{5}} rdd$ 

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#### **United States Bankruptcy Court** Southern District of New York, White Plains Division

| IN RE:                                |           | Case No   |
|---------------------------------------|-----------|-----------|
| Lake, Jocelyn                         |           | Chapter 7 |
| · · · · · · · · · · · · · · · · · · · | Debtor(s) | •         |

|  | ICE TO CONSUMER DEBTOR(S)<br>THE BANKRUPTCY CODE    |   |
|--|---|---|
| Certificate of [Non-Attorn   | ey] Bankruptcy Petition Preparer                    |   |
| I, the [non-attorney] bankruptcy petition preparer signing the denotice, as required by § 342(b) of the Bankruptcy Code. | btor's petition, hereby certify that I delive       | red to the debtor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:   | petition prepa<br>the Social Sec<br>principal, resp | y number (If the bankruptcy<br>rer is not an individual, state<br>urity number of the officer,<br>consible person, or partner of<br>y petition preparer.) |
| X  | (Required by  | 11 U.S.C. § 110.)   |
| partner whose Social Security number is provided above.  | responsible person, or                              |   |
| Certifica  | te of the Debtor                                    |   |
| $I\left(We\right)\!,$ the debtor(s), affirm that $I\left(we\right)$ have received and read                               | the attached notice, as required by § 342(b         | ) of the Bankruptcy Code.   |
| Lake, Jocelyn  | X /s/ Jocelyn Lake                                  | 6/05/2019   |
| Printed Name(s) of Debtor(s)   | Signature of Debtor                                 | Date  |
| Case No. (if known)  | _ X   |   |
|  | Signature of Joint Debtor (if any)                  | Date  |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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| IN RE:           |  | Case No  |
|------------------|--|--|
| Lake, Jocelyn    |  | Chapter 7  |
|                  | Debtor(s)  |  |
|                  | CERTIFICATE OF COMM  | IENCEMENT OF CASE                                |
| I certify that o | n,   |  |
|                  | the above named debtor filed a petition requesti<br>(title 11 of the United States Code), or | ing relief under chapter of the Bankruptcy Code  |
|                  | a petition was filed against the above named del<br>11 of the United States Code), and       | otor under chapter of the Bankruptcy Code (title |
|                  | that as of the date below the case has not been of   | dismissed.                                       |
|                  |  |  |
|                  | Clerk of the Bankrup   | otcy Court                                       |
| Dated:           | By:  |  |
|                  | Deputy Clerk   |  |

|                                 |   |   | Pg 9 01 66                |                                      |
|---------------------------------|---|---|---------------------------|--------------------------------------|
| Fill in t                       | his information to identi                             | fy your case:                                   |                           |                                      |
| Debtor 1                        | Jocelyn Lake  |   |                           |                                      |
|                                 | First Name  | Middle Name                                     | Last Name                 |                                      |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name                                     | Last Name                 | -                                    |
| United States Ba                | ankruptcy Court for the:                              | SOUTHERN DISTRICT DIVISION                      | OF NEW YORK, WHITE PLAINS | _                                    |
| Case number<br>(if known)       |   |   |                           | ☐ Check if this is an amended filing |
| Official Fo                     |   | on for Individu                                 | uals Filing Under Cha     | apter 7 12/15                        |
|                                 | lividual filing under chap<br>ve claims secured by yo | oter 7, you must fill out th<br>ur property, or | nis form if:              |                                      |

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that<br>secures a debt? | Did you claim the property<br>as exempt on Schedule C? |
|---|--|--|
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | Retain the property and redeem it.                                 |  |
| Description of  | ☐ Retain the property and enter into a Reaffirmation               | ☐ Yes  |
| •   | Agreement.   |  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | Retain the property and redeem it.                                 |  |
| Description of  | Retain the property and enter into a Reaffirmation<br>Agreement.   | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a Reaffirmation               | ☐ Yes  |
| ·   | Agreement.   |  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |

Official Form 108

| Debtor 1                 | Lake, Jocelyn  | Case number (if known)   |                                    |
|--------------------------|--|--|------------------------------------|
| name:                    | the conf   | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a <i>Reaffirmation</i></li></ul>             | ☐ Yes                              |
| Descrip                  |  | Agreement.   |                                    |
| property                 |  | ☐ Retain the property and [explain]:   |                                    |
| securing                 | g debt:  |  | -                                  |
|                          | List Your Unexpired Personal Prop  | erty Leases<br>at you listed in Schedule G: Executory Contracts and Unexpired L  | eases (Official Form 106G) fill in |
| ne inform                | ation below. Do not list real estate   | eases. Unexpired leases are leases that are still in effect; the lease lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                                    |
| Describe                 | your unexpired personal property l   | eases  | Will the lease be assumed?         |
| _essor's n               |  |  | □ No                               |
| Property:                | n of leased  |  | ☐ Yes                              |
| _essor's n               | ame:   |  | □ No                               |
|                          | n of leased  |  | _                                  |
| Property:                |  |  | ☐ Yes                              |
| .essor's n               | ame:   |  | □ No                               |
| Description<br>Property: | n of leased  |  | ☐ Yes                              |
| essor's n                |  |  | □ No                               |
| Description<br>Property: | n of leased  |  | ☐ Yes                              |
| essor's n                |  |  | □ No                               |
| Description<br>Property: | n of leased  |  | ☐ Yes                              |
| _essor's n               | ame:   |  | □ No                               |
| Description              | n of leased  |  | <b>-</b> 110                       |
| Property:                |  |  | ☐ Yes                              |
| essor's n                | ame:<br>n of leased  |  | □ No                               |
| Property:                | T of loaded  |  | ☐ Yes                              |
| Part 3:                  | Sign Below   |  |                                    |
|                          | alty of perjury, I declare that I have<br>hat is subject to an unexpired lease | indicated my intention about any property of my estate that secu   | res a debt and any personal        |
|                          | ocelyn Lake  |  |                                    |
| Joce                     | elyn Lake<br>ature of Debtor 1   | Signature of Debtor 2  |                                    |
| Date                     | June 5, 2019   | Date   |                                    |

| Fill in this information to identify your case:      |                               |  |                                 |  |
|--|-------------------------------|--|---------------------------------|--|
| nited States Bankruptcy Court for the:               |                               |  |                                 |  |
| SOUTHERN DISTRICT OF NEW YORK, WHITE PLAINS DIVISION |                               |  |                                 |  |
| Case number (if known)                               | Chapter you are filing under: |  |                                 |  |
|  | Chapter 7                     |  |                                 |  |
|  | ☐ Chapter 11                  |  |                                 |  |
|  | ☐ Chapter 12                  |  |                                 |  |
|  | ☐ Chapter 13                  |  | Check if this an amended filing |  |

#### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa   | rt 1: Identify Yourself  |  |   |   |
|--|--|--|---|---|
|  |  | About Debtor 1:                                    |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.   | Your full name   |  |   |   |
|  | Write the name that is on your government-issued picture identification (for example, your driver's                              | Jocelyn<br>First name                              | _ | First name                                    |
|  | license or passport).  | Middle name  |   | Middle name                                   |
| Bring your picture identification to your me with the trustee. |  | ting Lake Last name and Suffix (Sr., Jr., II, III) |   | Last name and Suffix (Sr., Jr., II, III)      |
| 2.   | All other names you have used in the last 8 years  |  |   |   |
|  | Include your married or maiden names.  |  |   |   |
| 3.   | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-0995  |   |   |

Debtor 1 Lake, Jocelyn Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|--|---|---|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |
|  |   | EINs  | EINs   |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |
|  |   | 8 Riverside Dr<br>Suffern, NY 10901-5704<br>Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|  |   | Rockland<br>County  | County   |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|  |   | 8 Riverside Dr<br>Suffern, NY 10901-5704  |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|  |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |

Debtor 1 Lake, Jocelyn Pg 13 of 66 Case number (if known)

| Par | Tell the Court About Y   | our Bank        | ruptcy Ca                | ise  |  |  |  |  |
|-----|--|-----------------|--------------------------|--|--|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are   |                 |                          |  | ach, see <i>Notice Required by 11</i> d check the appropriate box. | U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form  |  |  |
|     | choosing to file under   | ■ Chap          | oter 7                   |  |  |  |  |  |
|     |  | ☐ Chap          | ter 11                   |  |  |  |  |  |
|     |  | ☐ Chap          | ter 12                   |  |  |  |  |  |
|     |  | ☐ Chap          | oter 13                  |  |  |  |  |  |
| 8.  | How you will pay the fee   | —<br>ab<br>If y | out how yo               | ou may pay. Typically<br>ey is submitting your   | , if you are paying the fee yourse                                 | with the clerk's office in your local court for more details elf, you may pay with cash, cashier's check, or money order torney may pay with a credit card or check with a |  |  |
|     |  |                 |                          | the pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The ang Fee in Installments (Official Form 103A). |  |  |  |  |
|     |  |                 | •                        | ,  | •  | nly if you are filing for Chapter 7. By law, a judge may, but i  |  |  |
|     |  | no<br>yo        | t required tur family si | to, waive your fee, ar<br>ze and you are unab  | nd may do so only if your income                                   | is less than 150% of the official poverty line that applies to If you choose this option, you must fill out the <i>Application</i>   |  |  |
| 9.  | Have you filed for   | ■ No.           |                          |  |  |  |  |  |
|     | bankruptcy within the last 8 years?  | ☐ Yes.          |                          |  |  |  |  |  |
|     | •  |                 | District                 |  | When   | Case number  |  |  |
|     |  |                 | District                 |  | <br>When   | Case number  |  |  |
|     |  |                 | District                 |  | When   | Case number  |  |  |
| 10. | Are any bankruptcy cases   | ■ No            |                          |  |  |  |  |  |
|     | pending or being filed by<br>a spouse who is not filing<br>this case with you, or by<br>a business partner, or by<br>an affiliate? | ☐ Yes.          |                          |  |  |  |  |  |
|     |  |                 | Debtor                   |  |  | Relationship to you  |  |  |
|     |  |                 | District                 |  | When   | Case number, if known  |  |  |
|     |  |                 | Debtor                   |  |  | Relationship to you  |  |  |
|     |  |                 | District                 |  | When   | Case number, if known  |  |  |
| 11. | Do you rent your   | ■ No.           | Go to                    | line 12.   |  |  |  |  |
|     | residence?   | ☐ Yes.          | Has y                    | our landlord obtaine   | d an eviction judgment against                                     | you?   |  |  |
|     |  |                 |                          | No. Go to line 12.   |  |  |  |  |
|     |  |                 |                          | Yes. Fill out <i>Initial</i> bankruptcy petition   |  | dgment Against You (Form 101A) and file it as part of this   |  |  |

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19-23126-rdd Main Document Pg 14 of 66 Debtor 1 Case number (if known) Lake, Jocelyn Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 you a small business U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Do you own or have any No. property that poses or is

alleged to pose a threat of Yes. imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Lake, Jocelyn

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Lam not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | or 1 Lake, Jocelyn   |  | ' 9   | 10 01 00                         | Case number           | (if known)  |
|------|--|--|---|----------------------------------|-----------------------|---|
| Part | 6: Answer These Questi   | ons for Rep  | orting Purposes   |                                  |                       |   |
| 16.  | What kind of debts do you have?                                |  | Are your debts primarily consuindividual primarily for a personal,          |                                  |                       | d in 11 U.S.C.§ 101(8) as "incurred by an   |
|      |  |  | ☐ No. Go to line 16b.   |                                  |                       |   |
|      |  |  | Yes. Go to line 17.   |                                  |                       |   |
|      |  |  | Are your debts primarily busin for a business or investment or the          |                                  |                       |   |
|      |  |  | ☐ No. Go to line 16c.   |                                  |                       |   |
|      |  |  | ☐ Yes. Go to line 17.   |                                  |                       |   |
|      |  | 16c. –   | State the type of debts you owe th  | nat are not consumer             | debts or business de  | ebts  |
| 17.  | Are you filing under Chapter 7?                                | □ No.  | I am not filing under Chapter 7. (  | Go to line 18.                   |                       |   |
|      | Do you estimate that after any exempt property is excluded and |  | I am filing under Chapter 7. Do yo paid that funds will be available to     |                                  |                       | is excluded and administrative expenses are   |
|      | administrative expenses are paid that funds will be            |  | ■ No  |                                  |                       |   |
| á    | available for distribution to unsecured creditors?             |  | □ Yes   |                                  |                       |   |
| 18.  | How many Creditors do  | <b>1</b> -49   |   | <b>1</b> ,000-5,000              |                       | □ 25,001-50,000   |
|      | you estimate that you owe?                                     | □ 50-99  |   | 5001-10,000                      |                       | □ 50,001-100,000<br>□ 100,000   |
|      |  | ☐ 100-19<br>☐ 200-99   |   | □ 10,001-25,00                   | 00                    | ☐ More than100,000  |
| 19.  | How much do you  | <b>\$</b> 0 - \$5  | 0.000   | □ \$1,000,001 -                  | \$10 million          | ☐ \$500,000,001 - \$1 billion   |
|      | estimate your assets to be worth?                              | \$50,00  | 1 - \$100,000   | \$10,000,001                     |                       | □ \$1,000,000,001 - \$10 billion  |
|      |  |  | 01 - \$500,000<br>01 - \$1 million  | □ \$50,000,001<br>□ \$100,000,00 |                       | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                             |
|      |  | <b>—</b> \$000,00  |   |                                  |                       |   |
| 20.  | How much do you estimate your liabilities to                   | □ \$0 - \$50<br>□ \$50 000   |   | \$1,000,001 -                    |                       | □ \$500,000,001 - \$1 billion   |
|      | be?  | _  | 1 - \$100,000<br>01 - \$500,000   | □ \$10,000,001<br>□ \$50,000,001 |                       | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                    |
|      |  |  | 01 - \$1 million  | □ \$100,000,00°                  | ·                     | ☐ More than \$50 billion  |
| Part | 7: Sign Below  |  |   |                                  |                       |   |
| For  | you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |   |                                  |                       |   |
|      |  |  | nosen to file under Chapter 7, I a<br>de. I understand the relief available |                                  |                       | nder Chapter 7, 11,12, or 13 of title 11, United<br>seed under Chapter 7.             |
|      |  |  | ey represents me and I did not pa<br>ned and read the notice required b     |                                  |                       | attorney to help me fill out this document, I   |
|      |  | I request r  | elief in accordance with the chap   | oter of title 11, United         | d States Code, specif | fied in this petition.  |
|      |  |  | esult in fines up to \$250,000, or in                                       |                                  |                       | perty by fraud in connection with a bankruptcy 8 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |  | Jocelyn  | •   |                                  | Signature of Debtor   | 2   |
|      |  | Executed of  |   |                                  | Executed on           |   |
|      |  |  | MM / DD / YYYY  |                                  | MM /                  | DD/YYYY   |

Debtor 1 Lake, Jocelyn Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Robert Lewis                       | Date          | June 5, 2019             |
|--|---------------|--------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY           |
| Robert Lewis                           |               |                          |
| Printed name                           |               |                          |
| Law Office of Robert S. Lewis, PC      |               |                          |
| Firm name                              |               |                          |
|  |               |                          |
| 53 Burd St                             |               |                          |
| Nyack, NY 10960-3265                   |               |                          |
| Number, Street, City, State & ZIP Code |               |                          |
| Contact phone                          | Email address | robert.lewlaw1@gmail.com |
| 2089332                                |               |                          |
| Bar number & State                     |               |                          |

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| 19-23   | 5120-100 DOC   | 1 11160 00/03/13   | Pa 18 of 66  | Main Document  |
|---|--|--|--|--|
| Fill in thi   | is information to ident                                  | ify your case and this filin                                       |  |  |
| Debtor 1  | Jocelyn Lake   |  |  |  |
|   | First Name   | Middle Name  | Last Name  |  |
| Debtor 2<br>(Spouse, if filing)                                     | First Name   | Middle Name  | Last Name  |  |
|   |  | SOLITHERN DISTRICT (   | OF NEW YORK, WHITE PLAINS  |  |
| United States Ba  | nkruptcy Court for the:                                  | DIVISION   | THEW FORK, WHITE FEATING   |  |
| Case number   |  |  |  | ☐ Check if this is an  |
|   |  |  |  | amended filing   |
|   |  |  |  |  |
| Official Fo   | rm 106A/B  |  |  |  |
| Schedul   | e A/B: Prop  | perty  |  | 12/15  |
| think it fits best. Be<br>information. If more<br>Answer every ques | e as complete and accurate space is needed, attachetion. | ate as possible. If two married<br>a a separate sheet to this form | nce. If an asset fits in more than one category, list<br>d people are filing together, both are equally respondent. On the top of any additional pages, write your national pages. | nsible for supplying correct                                 |
|   |  |  | uilding, land, or similar property?  |  |
|   | , , ,  | e interest in any residence, b                                     | unung, ianu, or sinnar property?   |  |
| No. Go to Par   |  |  |  |  |
| ☐ Yes. Where is   | s the property?  |  |  |  |
| Part 2: Describe  | Your Vehicles  |  |  |  |
|   |  |  | cles, whether they are registered or not? Inc<br>G: Executory Contracts and Unexpired Leases.  | lude any vehicles you own that                               |
| 3. Cars, vans, tru  | ucks, tractors, sport u                                  | tility vehicles, motorcycles                                       | 3  |  |
| ■ No  |  |  |  |  |
| ☐ Yes   |  |  |  |  |
|   |  |  |  |  |
|   |  |  | Il vehicles, other vehicles, and accessories<br>els, snowmobiles, motorcycle accessories   |  |
| ■ No  |  |  |  |  |
| ☐ Yes   |  |  |  |  |
|   |  |  |  |  |
| 5 Add the dolla   | r value of the portion                                   | you own for all of your enf  | tries from Part 2, including any entries for pa  | ges  |
|   |  |  | =>   | \$0.00   |
| Day 2. Dannika  | Varia Barranal and Harra                                 | and and thomas   |  |  |
|   | Your Personal and Hous                                   | able interest in any of the  | following items?   | Current value of the   |
| ·   |  | ,  |  | portion you own? Do not deduct secured claims or exemptions. |
|   | ods and furnishings<br>jor appliances, furniture         | linens, china, kitchenware   |  |  |
| ☐ Yes. Descr  | ribe   |  |  |  |
| 7. Electronics  |  |  |  |  |
| Examples: Tel   |  | lio, video, stereo, and digital oneras, media players, game:       | equipment; computers, printers, scanners; musics   | c collections; electronic devices                            |

Official Form 106A/B Schedule A/B: Property page 1

■ No

☐ Yes. Describe.....

19-23126-rdd Doc 1 Filed 06/05/19 Entered 06/05/19 15:33:48 Main Document Pg 19 of 66 Case number (if known) Debtor 1 Lake, Jocelyn 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$500.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for \$500.00 Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No Institution name: ■ Yes.....

> 17.1. Savings Account **Excel Federal Credit Union**

\$20.00

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| DE  | Lake, Jocelyn   | Case number (if kno   | own)  |
|-----|---|---|---|
| 18. | Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with   |   |   |
|     | ■ No □ Yes Institution or iss   | suer name:  |   |
|     |   | orporated and unincorporated businesses, including an inter   | rest in an LLC nartnership and  |
| 10. | joint venture   | porated and difficorporated businesses, including an inter-   | est in an EEO, partnership, and   |
|     | ■ No  |   |   |
|     | Yes. Give specific information about them<br>Name of entity:  | % of ownership:   |   |
| 20. | Government and corporate bonds and other new Negotiable instruments include personal checks, of Non-negotiable instruments are those you cannot be No | cashiers' checks, promissory notes, and money orders.   |   |
|     | ■ No  Yes. Give specific information about them   |   |   |
|     | Issuer name:  |   |   |
|     | □ No  | k), 403(b), thrift savings accounts, or other pension or profit-shar  | ring plans  |
|     | Yes. List each account separately. Type of account:   | Institution name:   |   |
|     | Pension Plan  | Pension account FERS  | unknown   |
|     |   | so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications comparts Institution name or individual: | anies, or others  |
| 23. | Annuities (A contract for a periodic payment of mo ■ No   | oney to you, either for life or for a number of years)  |   |
|     | Yes Issuer name and description   | n.  |   |
| 24. | Interests in an education IRA, in an account in a 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  ■ No   | a qualified ABLE program, or under a qualified state tuition រុ   | orogram.  |
|     |   | otion. Separately file the records of any interests.11 U.S.C. § 521(  | c):   |
| 25. | Trusts, equitable or future interests in property  ■ No   | y (other than anything listed in line 1), and rights or powers of   | exercisable for your benefit  |
|     | ☐ Yes. Give specific information about them   |   |   |
|     | Patents, copyrights, trademarks, trade secrets,<br>Examples: Internet domain names, websites, proc ■ No   | , , , , , , , , , , , , , , , , , , ,   |   |
|     | ☐ Yes. Give specific information about them   |   |   |
| 27. | Licenses, franchises, and other general intangi<br>Examples: Building permits, exclusive licenses, co<br>■ No   | ibles<br>coperative association holdings, liquor licenses, professional licens  | ses   |
|     | ☐ Yes. Give specific information about them   |   |   |
| M   | oney or property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you  ■ No   |   |   |
|     |   | ding whether you already filed the returns and the tax years  |   |

Official Form 106A/B Schedule A/B: Property page 3

19-23126-rdd Doc 1 Filed 06/05/19 Entered 06/05/19 15:33:48 Main Document Pg 21 of 66 Case number (if known) Debtor 1 Lake, Jocelyn 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Life Insurance Term account FEGLI Daughter unknown 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$20.00 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Official Form 106A/B Schedule A/B: Property page 4

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

Debtor 1 Case number (if known) Lake, Jocelyn 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$500.00 Part 4: Total financial assets, line 36 58. \$20.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$520.00 \$520.00 63. Total of all property on Schedule A/B. Add line 55 + line 62

\$520.00

Official Form 106A/B Schedule A/B: Property page 5

|                             |  |  | Pa  | 23                       | of 66   | _   |  |
|-----------------------------|--|--|---|--------------------------|---|---|--|
|                             | Fill in this   | information to identif   | y your case:  |                          |   |   |  |
| Del                         | btor 1   | Jocelyn Lake   |   |                          |   |   |  |
|                             |  | First Name   | Middle Name   | L                        | ast Name  | }   |  |
|                             | btor 2<br>buse if, filing)                           | First Name   | Middle Name   | L                        | ast Name  |   |  |
| Uni                         | ited States Banl                                     | kruptcy Court for the:   | SOUTHERN DISTRICT OF I  | NEW                      | YORK, WHITE PLAINS  |   |  |
|                             | se number<br>nown)                                   |  |   |                          |   |   | Check if this is an amended filing   |
| ∩f                          | ficial For   | m 106C   |   |                          |   |   |  |
|                             |  |  | operty You Cla  | im                       | as Exempt   |   | 4/19   |
| orop                        | erty you listed o<br>and attach to this              | n Schedule A/B: Prope  | erty (Official Form 106A/B) as yo   | ur sou                   | r, both are equally responsible for surce, list the property that you claim ary. On the top of any additional page  | as exempt. If                               | more space is needed, fill   |
| spec<br>app<br>func<br>to a | cific dollar amo<br>licable statutor<br>ds—may be un | ount as exempt. Alterr<br>ry limit. Some exempt<br>limited in dollar amou<br>ar amount and the val | natively, you may claim the fu<br>ions—such as those for healt<br>int. However, if you claim an e | II fair<br>h aid<br>exem | unt of the exemption you claim. O<br>market value of the property bei<br>s, rights to receive certain benefi<br>ption of 100% of fair market value<br>o exceed that amount, your exem | ng exempted<br>ts, and tax-e<br>under a law | d up to the amount of any<br>exempt retirement<br>or that limits the exemption |
| Par                         | t 1: Identify  | the Property You Cla   | im as Exempt  |                          |   |   |  |
|                             |  | •  | aiming? Check one only, even  | if vou                   | r spouse is filing with you.  |   |  |
| •                           | _  |  | nonbankruptcy exemptions. 11 l  | •                        | , ,   |   |  |
|                             | _  | · ·  | s. 11 U.S.C. § 522(b)(2)  | 0.0.0                    | . 3 022(0)(0)   |   |  |
| 2.                          |  | for any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |                          |   |   |  |
|                             | Brief description                                    | n of the property and line   | •   |                          |   | Specific la                                 | ws that allow exemption  |
|                             | Schedule PVD II                                      | iat note this property   | Copy the value from Schedule A/B  | Che                      | eck only one box for each exemption.  |   |  |
|                             | Clothing   |  | \$500.00  | _                        | \$500.00  |   | . Prac. Law and Rules  |
|                             | Line from Sche                                       | edule A/B. 11.1  |   |                          | 100% of fair market value, up to any applicable statutory limit   | § 5205(a                                    | 1)(5)  |
|                             | Excel Feder  | al Credit Union  | \$20.00   |                          | \$20.00   | N.Y. Civ<br>§ 5205(a                        | v. Prac. Law and Rules   |
|                             | Line from come                                       | AG10 7 ( 2. 1111   |   |                          | 100% of fair market value, up to any applicable statutory limit   | 3 0200(0                                    | -,( <del>-</del> )   |
| 3.                          | (Subject to adju                                     | ustment on 4/01/22 and   | , ,   | s filed                  | on or after the date of adjustment.) 5 days before you filed this case?   |   |  |
|                             | □ No   |  | 22.0.00 2, the exemption with   | ,_ 1                     | 2 33,0 33.3.3 you mod tho odoo:   |   |  |

Yes

| Fill in th                              | is information to identif | y your case:               |                           |               |           |
|---|---------------------------|----------------------------|---------------------------|---------------|-----------|
| Debtor 1                                | Jocelyn Lake              |                            |                           |               |           |
|   | First Name                | Middle Name                | Last Name                 | <del></del> ) |           |
| Debtor 2                                |                           |                            |                           |               |           |
| (Spouse if, filing)                     | First Name                | Middle Name                | Last Name                 | <del></del> } |           |
| United States Bankruptcy Court for the: |                           | SOUTHERN DISTRICT DIVISION | OF NEW YORK, WHITE PLAINS |               |           |
| Case number (if known)                  |                           |                            |                           | ☐ Check if th | nis is an |
|   |                           |                            |                           | amended f     |           |

#### Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                                 |  |   |  | Pd 25 01 66   |   |   |   |
|---------------------------------|--|---|--|---|---|---|---|
| Filli                           | in this info   | ormation to identify your o   | ase:   |   |   |   |   |
| Debtor                          | · 1  | Jocelyn Lake  |  |   |   |   |   |
| 200.0.                          | •  | First Name  | Middle Name  | Last Name   |   | }   |   |
| Debtor                          |  |   |  |   |   |   |   |
| (Spouse                         | if, filing)  | First Name  | Middle Name  | Last Name   |   |   |   |
| United                          | States Bar   |   | SOUTHERN DISTRICT<br>DIVISION  | OF NEW YORK, WHITE  | E PLAINS  |   |   |
| Casan                           | number   |   |  |   |   |   |   |
| (if known                       |  |   |  |   |   | ☐ Check                                     | if this is an                               |
|                                 |  |   |  |   |   | ameno                                       | ded filing                                  |
| Ott: -:                         |  | - 400E/E  |  |   |   |   |   |
|                                 |  | n 106E/F  |  |   |   |   | 4045  |
|                                 |  | /F: Creditors Wh  |  |   |   |   | 12/15                                       |
| Schedul<br>D: Credi<br>the Cont | le G: Execut<br>itors Who H<br>tinuation Pa<br>mber (if kno  | racts or unexpired leases that<br>tory Contracts and Unexpired<br>lave Claims Secured by Prop-<br>age to this page. If you have to<br>bwn).   | d Leases (Official Form 10<br>erty. If more space is nee<br>no information to report in    | 06G). Do not include any c<br>ded, copy the Part you ne                     | reditors with partially s<br>ed, fill it out, number th | ecured claims that are entries in the boxes | re listed in Schedule s on the left. Attach |
|                                 |  | ors have priority unsecured c   |  |   |   |   |   |
| _                               | No. Go to Pa   | • •   |  |   |   |   |   |
|                                 | Yes.   |   |  |   |   |   |   |
| ider<br>pos<br>1. It            | ntify what typessible, list the form of than of the form of the fo | priority unsecured claims. If<br>pe of claim it is. If a claim has be<br>e claims in alphabetical order a<br>one creditor holds a particular of<br>ation of each type of claim, see | oth priority and nonpriority ccording to the creditor 's n claim, list the other creditors | amounts, list that claim here<br>ame. If you have more than<br>s in Part 3. | e and show both priority a                              | nd nonpriority amount                       | s. As much as                               |
| (10                             | n an explane   | ation of each type of claim, see  |  | in the instruction bookiet.)  | Total claim   | Priority amount                             | Nonpriority amount                          |
| 2.1                             |  | Revenue Service   | Last 4 digits of   | account number  | \$2,742.86  |   |   |
|                                 | 0.40.144.5   |   | When was the   | debt incurred?  |   | _   |   |
|                                 | West N   | Nyack Rd<br>yack, NY 10994-1711<br>treet City State Zip Code  | As of the date   | you file, the claim is: Chec  | k all that apply  |   |   |
| w                               |  | the debt? Check one.  | ☐ Contingent   | , ,   |   |   |   |
|                                 | Debtor 1 o   | unly.   | ☐ Unliquidated   |   |   |   |   |
| _                               | _  | •   | _ `  |   |   |   |   |
| _                               | Debtor 2 o   | only  | ☐ Disputed   |   |   |   |   |
| L                               | <b>⅃</b> Debtor 1 a  | and Debtor 2 only   | _  | ITY unsecured claim:  |   |   |   |
|                                 | At least on  | ne of the debtors and another   | ☐ Domestic su  | pport obligations   |   |   |   |
|                                 | Check if t   | his claim is for a community  | debt Taxes and c   | ertain other debts you owe t  | the government  |   |   |
| Is                              | the claim s  | subject to offset?  | ☐ Claims for de  | eath or personal injury while   | you were intoxicated                                    |   |   |
|                                 | No   |   | Other. Speci   | fy  |   |   | _   |
|                                 | Yes  |   |  |   |   |   |   |
| Part 2:                         | l iet ΔI   | I of Your NONPRIORITY U   | Insecured Claims   |   |   |   |   |
|                                 |  | ors have nonpriority unsecure   |  |   |   |   |   |
| _                               | •  | ve nothing to report in this part.  |  | ırt with your other schedules   | S.  |   |   |
| _                               | Yes.   | - ' '   |  | •   |   |   |   |
| uns                             | secured clain  | nonpriority unsecured claim<br>n, list the creditor separately fo<br>or holds a particular claim, list t  | r each claim. For each clair   | n listed, identify what type o  | of claim it is. Do not list cla                         | ims already included i                      | in Part 1. If more                          |

Official Form 106 E/F

Total claim

| Debtor | 1 Lake, Jocelyn  |  | Case number (if known)   |          |
|--------|--|--|--|----------|
| 4.1    | 06 Nationwide Insurance  | Last 4 digits of account number        | 0809   | \$483.00 |
|        | Nonpriority Creditor's Name Nationwide Headquarters 1 Nationwide Plz                   | When was the debt incurred? 2016-03-15 |  |          |
|        | Columbus, OH 43215-2226  Number Street City State Zip Code                             | As of the date you file, the claim     | s: Check all that apply  |          |
|        | Who incurred the debt? Check one.  | •                                      |  |          |
|        | ■ Debtor 1 only  | ☐ Contingent                           |  |          |
|        | Debtor 2 only  | ☐ Unliquidated                         |  |          |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed                             |  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure           | d claim:   |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans                        |  |          |
|        | debt   | Obligations arising out of a sepa      | ration agreement or divorce that you did not   |          |
|        | Is the claim subject to offset?  | report as priority claims              |  |          |
|        | No   | Debts to pension or profit-sharing     | g plans, and other similar debts   |          |
|        | Yes  | Other. Specify                         |  |          |
| 4.2    | BARRY BACHENHEIMER CSW Nonpriority Creditor's Name                                     | Last 4 digits of account number        | 4949   | \$114.00 |
|        |  | When was the debt incurred?            | 2017-12  |          |
|        | 5 Fairlawn Dr Ste 201 Washingtonville, NY 10992-1289 Number Street City State Zip Code | As of the date you file, the claim     | is: Check all that apply   |          |
|        | Who incurred the debt? Check one.  | no or the date you me, the claim       | o. Chook all that apply  |          |
|        | ■ Debtor 1 only  | ☐ Contingent                           |  |          |
|        | Debtor 2 only  | ☐ Unliquidated                         |  |          |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed                             |  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure           |  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans                        |  |          |
|        | debt   |  | ration agreement or divorce that you did not   |          |
|        | Is the claim subject to offset?  | report as priority claims              |  |          |
|        | ■ No   | Debts to pension or profit-sharing     | g plans, and other similar debts   |          |
|        | Yes  | Other. Specify                         |  |          |
| 4.3    | Calian Dental Group  | Last 4 digits of account number        |  | unknown  |
|        | Nonpriority Creditor's Name  | - When we the debt incorred?           |  |          |
|        | 445 Hamilton Ave Ste 220<br>White Plains, NY 10601-1807                                | When was the debt incurred?            |  |          |
| ,      | Number Street City State Zip Code  | As of the date you file, the claim     | s: Check all that apply  |          |
|        | Who incurred the debt? Check one.  |  |  |          |
|        | ■ Debtor 1 only  | ☐ Contingent                           |  |          |
|        | Debtor 2 only  | ☐ Unliquidated                         |  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed                             |  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure           |  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans                        |  |          |
|        | debt   |  | ration agreement or divorce that you did not   |          |
|        | Is the claim subject to offset?  | report as priority claims              | and an and all an air in the state of the st |          |
|        | ■ No   | Debts to pension or profit-sharin      | g pians, and other similar debts   |          |
|        | Yes  | Other. Specify                         |  |          |

| Debtor | 1 Lake, Jocelyn   |  | Case number (f known)                         |          |
|--------|---|--|---|----------|
| 4.4    | Capital One Bank USA N.A.   | Last 4 digits of account number                            | 6420  | \$787.00 |
|        | Nonpriority Creditor's Name   | When was the debt incurred?                                | 2014-12                                       |          |
|        | 1680 Capital One Dr<br>McLean, VA 22102-3407<br>Number Street City State Zip Code | As of the date you file, the claim                         |   |          |
|        | Who incurred the debt? Check one.   |  |   |          |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|        | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|        | Yes   | Other. Specify   |   |          |
| 4.5    | Capital One Bank USA N.A.   | Last 4 digits of account number                            | 0787  | \$441.00 |
|        | Nonpriority Creditor's Name   | When was the debt incurred?                                | 2017-02                                       |          |
|        | 1680 Capital One Dr<br>McLean, VA 22102-3407                                      | when was the dept incurred?                                | 2017-03                                       |          |
|        | Number Street City State Zip Code   | As of the date you file, the claim                         | is: Check all that apply                      |          |
|        | Who incurred the debt? Check one.   |  |   |          |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|        | debt  |  | aration agreement or divorce that you did not |          |
|        | Is the claim subject to offset?   | report as priority claims                                  |   |          |
|        | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|        | Yes   | Other. Specify   |   |          |
| 4.6    | Capital One Bank USA N.A.  Nonpriority Creditor's Name                            | Last 4 digits of account number                            | 5299  | \$439.00 |
|        | Nonpriority Creditor's Name   | When was the debt incurred?                                | 2017-03                                       |          |
|        | 1680 Capital One Dr<br>McLean, VA 22102-3407                                      |  |   |          |
|        | Number Street City State Zip Code   | As of the date you file, the claim                         | is: Check all that apply                      |          |
|        | Who incurred the debt? Check one.   |  |   |          |
|        | Debtor 1 only   | ☐ Contingent   |   |          |
|        | Debtor 2 only   | ☐ Unliquidated   |   |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|        | $\square$ At least one of the debtors and another                                 | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|        | $\square$ Check if this claim is for a community debt                             |  | aration agreement or divorce that you did not |          |
|        | Is the claim subject to offset?   | report as priority claims                                  |   |          |
|        | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|        | □Yes  | Other, Specify   |   |          |

| Debtor | 1 Lake, Jocelyn   |  | Case number (f known)                        |              |
|--------|---|--|--|--------------|
| 4.7    | Credit Acceptance Corp Nonpriority Creditor's Name  | Last 4 digits of account number                              | 9193   | \$11,476.00  |
|        | PO Box 513<br>Southfield, MI 48037-0513   | When was the debt incurred?                                  | 2017-10                                      |              |
| •      | Number Street City State Zip Code Who incurred the debt? Check one.                               | As of the date you file, the claim                           | is: Check all that apply                     |              |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |              |
|        | Debtor 2 only   | ☐ Unliquidated   |  |              |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |              |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |              |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |  |              |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |              |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |              |
|        | Yes   | Other. Specify   |  |              |
| 4.8    | Dept of Ed/Navient Nonpriority Creditor's Name  | Last 4 digits of account number                              | 0707   | \$109,925.00 |
|        | PO Box 9635   | When was the debt incurred?                                  | 2015-07                                      |              |
|        | Wilkes Barre, PA 18773-9635  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |              |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |              |
|        | Debtor 2 only   | Unliquidated   |  |              |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |              |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                |  |              |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |  |              |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |              |
|        | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |              |
|        | Yes   | Other. Specify   |  |              |
| 4.9    | Ethel 1 Suffern, LLC Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | \$9,197.20   |
|        | , ,   | When was the debt incurred?                                  |  |              |
|        | PO Box 206  |  |  |              |
|        | Montvale, NJ 07645-0206  Number Street City State Zip Code  | _ As of the date you file, the claim                         | s. Check all that annly                      |              |
|        | Who incurred the debt? Check one.   | As of the date you me, the dam's                             | S. Oncok all that apply                      |              |
|        | Debtor 1 only   | ☐ Contingent   |  |              |
|        | Debtor 2 only   | ☐ Unliquidated   |  |              |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |              |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |              |
|        | Check if this claim is for a community  | ☐ Student loans  |  |              |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |              |
|        | No  | Debts to pension or profit-sharin                            | a plans, and other similar debts             |              |
|        | ■ No □ Yes  | <u>_</u>   | g pians, and other similal debts             |              |
|        | ⊔ res   | Other Specify  |  |              |

| Debtor | 1 Lake, Jocelyn  | Case number (f known)  |             |  |  |  |
|--------|--|--|-------------|--|--|--|
| 4.10   | EZpass   | Last 4 digits of account number  | unknown     |  |  |  |
|        | Nonpriority Creditor's Name  | When was the debt incurred?  |             |  |  |  |
|        | 1902 Whitestone Expy Ste 101 Flushing, NY 11357-3099 Number Street City State Zip Code |  |             |  |  |  |
|        | Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |
|        | Debtor 1 only  |  |             |  |  |  |
|        |  | ☐ Contingent   |             |  |  |  |
|        | Debtor 2 only  | Unliquidated   |             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | Disputed   |             |  |  |  |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans  |             |  |  |  |
|        | ☐ Check if this claim is for a community debt  |  |             |  |  |  |
|        | Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |             |  |  |  |
|        | Yes  | Other. Specify   |             |  |  |  |
| 4.11   | Freefern Associates, LLC   | Last 4 digits of account number  | \$4,934.82  |  |  |  |
|        | Nonpriority Creditor's Name  |  | Ψ+,30+.02   |  |  |  |
|        |  | When was the debt incurred?  |             |  |  |  |
|        | 301 S Livingston Ave Ste 201   |  |             |  |  |  |
|        | Livingston, NJ 07039-3934  Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that apply  |             |  |  |  |
|        | Who incurred the debt? Check one.  |  |             |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |             |  |  |  |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |             |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims  |             |  |  |  |
|        | ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                             |             |  |  |  |
|        | Yes  | Other. Specify Eviction Judgment   |             |  |  |  |
| 4.12   | Hyundai Capital Americ   | Last 4 digits of account number 4133   | \$25,276.00 |  |  |  |
|        | Nonpriority Creditor's Name  | When we she debt incorred? 2045 40   |             |  |  |  |
|        | 4000 Macarthur Blvd Ste<br>Newport Beach, CA 92660-2558                                | When was the debt incurred? 2015-10  |             |  |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |
|        | Who incurred the debt? Check one.  |  |             |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |             |  |  |  |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |             |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims  |             |  |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |             |  |  |  |
|        | ☐Yes   | Other, Specify   |             |  |  |  |

| Debto | 1 Lake, Jocelyn  | Case number (f known)   |            |
|-------|--|---|------------|
| 4.13  | KINDERCARE   | Last 4 digits of account number 7266  | \$519.00   |
|       | Nonpriority Creditor's Name  | When was the debt incurred? 2017-08   |            |
|       | 36 Route 59 Suffern, NY 10901-4811 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply                                     |            |
|       | Who incurred the debt? Check one.                                    |   |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed  |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                      | report as priority claims   |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                             |            |
|       | Yes  | Other. Specify  |            |
| 4.14  | Kindercare   | Last 4 digits of account number   | \$519.00   |
|       | Nonpriority Creditor's Name Collections DEpt. PO Box 6760            | When was the debt incurred?   |            |
|       | Portland, OR 97228-6760  | _   |            |
|       | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply                                     |            |
|       | Who incurred the debt? Check one.                                    |   |            |
|       | Debtor 1 only  | Contingent  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|       | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|       | debt   | Obligations arising out of a separation agreement or divorce that you did not                   |            |
|       | Is the claim subject to offset?                                      | report as priority claims   |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                             |            |
|       | Yes  | Other. Specify  |            |
| 4.15  | Orange And Rockland Utilities  Nonpriority Creditor's Name           | Last 4 digits of account number 0140  | \$1,500.00 |
|       | Nonpholity Creditor's Name   | When was the debt incurred?   |            |
|       | 390 W Route 59   |   |            |
|       | Spring Valley, NY 10977-5320   | _   |            |
|       | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply                                     |            |
|       | Who incurred the debt? Check one.                                    | _   |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       | Debtor 2 only  | Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|       | Check if this claim is for a community debt                          | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                      | report as priority claims   |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                             |            |
|       | Yes  | Other, Specify  |            |

| Debtor | 1 Lake, Jocelyn   | Case number (f known)   |            |
|--------|---|---|------------|
| 4.16   | Purchasing Power, LLC   | Last 4 digits of account number   | \$0.00     |
|        | Nonpriority Creditor's Name   | When was the debt incurred?   |            |
|        | 1349 W Peachtree St NW Ste 1100<br>Atlanta, GA 30309-2956                     |   |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |            |
|        | Debtor 1 only   |   |            |
|        | _   | ☐ Contingent  |            |
|        | Debtor 2 only   | Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only  | Disputed  |            |
|        | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim: ☐ Student loans  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        |   | _   |            |
|        | Yes   | Other. Specify  |            |
| 4.17   | RC Dept of Social Services Nonpriority Creditor's Name                        | Last 4 digits of account number   | \$326.03   |
|        |   | When was the debt incurred?   |            |
|        | 50 Sanatorium Rd<br>Pomona, NY 10970-3555                                     |   |            |
|        | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.   | _   |            |
|        | Debtor 1 only   | Contingent  |            |
|        | Debtor 2 only   | Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|        | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |            |
|        | Check if this claim is for a community  | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | ☐ Yes   | _   |            |
|        | Li res  | Other. Specify  |            |
| 4.18   | Sprint Nonpriority Creditor's Name  | Last 4 digits of account number 9784  | \$4,839.00 |
|        | Nonphony Ground of Name   | When was the debt incurred? 2018-11   |            |
|        | 6480 Sprint Pkwy Bldg 13  |   |            |
|        | Overland Park, KS 66251-6106  | As at the data was tile the plains in Obesis all that each  |            |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |            |
|        | Debtor 1 only   | Пол   |            |
|        | ☐ Debtor 2 only   | ☐ Contingent  |            |
|        | Debtor 2 only  Debtor 1 and Debtor 2 only                                     | ☐ Unliquidated  |            |
|        | At least one of the debtors and another                                       | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|        |   | Student loans   |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | □Yes  | Other. Specify  |            |
|        | <del></del>   | — Other, Specify  |            |

| Debtor | 1 Lake, Jocelyn   |   | Case number (f known)                         |          |  |  |  |  |
|--------|---|---|---|----------|--|--|--|--|
| 4.19   | Thrift Savings Plan   | Last 4 digits of account number                               |   | unknown  |  |  |  |  |
|        | Nonpriority Creditor's Name   | When was the debt incurred?                                   |   |          |  |  |  |  |
|        | PO Box 385021 Birmingham, AL 35238-5021 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim                            | is: Check all that apply                      |          |  |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |          |  |  |  |  |
|        |   | _   |   |          |  |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |          |  |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Disputed  |   |          |  |  |  |  |
|        | At least one of the debtors and another   | Student loans   | Type of NONPRIORITY unsecured claim:          |          |  |  |  |  |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                              | ☐ Obligations arising out of a sepa                           | aration agreement or divorce that you did not |          |  |  |  |  |
|        | •   | report as priority claims  Debts to pension or profit-sharing | og plane, and other similar debte             |          |  |  |  |  |
|        | No  | Debts to pension or proint-snam                               | ng pians, and other similar debts             |          |  |  |  |  |
|        | Yes   | Other. Specify  |   |          |  |  |  |  |
| 4.20   | Verizon Nonpriority Creditor's Name   | Last 4 digits of account number                               | 0001  | \$896.00 |  |  |  |  |
|        | Nonpriority Creditor's Name   | When was the debt incurred?                                   | 2015-04                                       |          |  |  |  |  |
|        | 500 Technology Dr<br>Weldon Spring, MO 63304-2225   |   | 2010 04                                       |          |  |  |  |  |
|        | Number Street City State Zip Code   | As of the date you file, the claim                            |   |          |  |  |  |  |
|        | Who incurred the debt? Check one.   |   |   |          |  |  |  |  |
|        | Debtor 1 only   | ☐ Contingent  |   |          |  |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                  | d claim:                                      |          |  |  |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |          |  |  |  |  |
|        | debt  |   | aration agreement or divorce that you did not |          |  |  |  |  |
|        | Is the claim subject to offset?   | report as priority claims                                     |   |          |  |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |          |  |  |  |  |
|        | Yes   | Other. Specify  |   |          |  |  |  |  |
| 4.21   | Violation Processing Center   | Last 4 digits of account number                               |   | unknown  |  |  |  |  |
|        | Nonpriority Creditor's Name   | When was the debt incurred?                                   |   |          |  |  |  |  |
|        | PO Box 15186  | When was the dept incurred:                                   |   |          |  |  |  |  |
|        | Albany, NY 12212-5186   |   |   |          |  |  |  |  |
|        | Number Street City State Zip Code   | As of the date you file, the claim                            | is: Check all that apply                      |          |  |  |  |  |
|        | Who incurred the debt? Check one.   |   |   |          |  |  |  |  |
|        | Debtor 1 only   | ☐ Contingent  |   |          |  |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                  | ed claim:                                     |          |  |  |  |  |
|        | $\square$ Check if this claim is for a community  | ☐ Student loans   |   |          |  |  |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |          |  |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |          |  |  |  |  |
|        | Yes   | Other. Specify  |   |          |  |  |  |  |

| Debtor          | 1 Lake, Jocelyn  |   | Case number (f known)  |                         |  |  |  |
|-----------------|--|---|--|-------------------------|--|--|--|
| 4.22            | YMCA   | Last 4 digits of account num  | nber   | \$2,500.00              |  |  |  |
|                 | Nonpriority Creditor's Name  | When was the debt incurred  |  |                         |  |  |  |
|                 | 35 S Broadway Nyack, NY 10960-3122 Number Street City State Zip Code | As of the date you file, the c  |  |                         |  |  |  |
|                 | Who incurred the debt? Check one.                                    | •   |  |                         |  |  |  |
|                 | ■ Debtor 1 only  | ☐ Contingent  |  |                         |  |  |  |
|                 | Debtor 2 only  | ☐ Unliquidated  |  |                         |  |  |  |
|                 | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                         |  |  |  |
|                 | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unse  | ecured claim:  |                         |  |  |  |
|                 | ☐ Check if this claim is for a community debt                        | ☐ Student loans   |  |                         |  |  |  |
|                 | Is the claim subject to offset?                                      | report as priority claims   | a separation agreement or divorce that you did not   |                         |  |  |  |
|                 | ■ No   | Debts to pension or profit-   | sharing plans, and other similar debts   |                         |  |  |  |
|                 | Yes  | ■ Other. Specify  |  |                         |  |  |  |
|                 |  |   |  |                         |  |  |  |
| Part 3:         |  | •   |  |                         |  |  |  |
| is tryi<br>have | ing to collect from you for a debt you owe to                        | someone else, list the original credi<br>hat you listed in Parts 1 or 2, list the | that you already listed in Parts 1 or 2. For example<br>tor in Parts 1 or 2, then list the collection agency<br>additional creditors here. If you do not have addi | here. Similarly, if you |  |  |  |
|                 | and Address  | On which entry in Part 1 or Part 2 di   |  |                         |  |  |  |
| -               | Bureau of the Hu<br>Plank Rd   | Line 4.2 of (Check one):  | Part 1: Creditors with Priority Unsecured Clair  |                         |  |  |  |
|                 | ourgh, NY 12550-1747   |   | ■ Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
|                 |  | Last 4 digits of account number   | 4949   |                         |  |  |  |
| Credi           |  | On which entry in Part 1 or Part 2 di<br>Line <b>4.1</b> of ( <i>Check one</i> ): | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Clair  | ms                      |  |  |  |
| _               | ox 607<br>ood, MA 02062-0607   |   | Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
| INOI W          | 000, MA 02002-0007   | Last 4 digits of account number   | 0809   |                         |  |  |  |
| Enha            | nnd Address<br>nced Recovery Co L                                    | On which entry in Part 1 or Part 2 di<br>Line 4.18 of (Check one):                | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Clair  | ms                      |  |  |  |
|                 | Bayberry Rd<br>sonville, FL 32256-7412                               |   | Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
| Jacks           | 5011VIIIG, 1 L 32230-7412  | Last 4 digits of account number   | 9784   |                         |  |  |  |
|                 | and Address  | On which entry in Part 1 or Part 2 di   | , ·  |                         |  |  |  |
|                 | ne A. Passman, Esq.<br>d Turnpike Rd Ste 106                         | Line 4.11 of (Check one):   | Part 1: Creditors with Priority Unsecured Clair  |                         |  |  |  |
|                 | et, NY 10954-2449  |   | ■ Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
|                 |  | Last 4 digits of account number   |  |                         |  |  |  |
|                 | and Address  | On which entry in Part 1 or Part 2 di   |  |                         |  |  |  |
| <b>EZpas</b>    | ss<br>IcLean Ave   | Line 4.10 of (Check one):   | Part 1: Creditors with Priority Unsecured Clair  |                         |  |  |  |
|                 | ers, NY 10704-3841   |   | Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
|                 |  | Last 4 digits of account number   |  |                         |  |  |  |
|                 | and Address  | On which entry in Part 1 or Part 2 di   | · —  |                         |  |  |  |
|                 | dai Motor Finance<br>ox 20829  | Line 4.12 of (Check one):   | Part 1: Creditors with Priority Unsecured Clair  |                         |  |  |  |
|                 | tain Valley, CA 92728-0829   |   | ■ Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
|                 |  | Last 4 digits of account number   | 4133   |                         |  |  |  |
|                 | and Address  | On which entry in Part 1 or Part 2 di   | · _  |                         |  |  |  |
|                 | vstem Inc  | Line 4.13 of (Check one):   | Part 1: Creditors with Priority Unsecured Clair  |                         |  |  |  |
|                 | ox 64378<br>Paul, MN 55164-0378                                      |   | Part 2: Creditors with Nonpriority Unsecured 0   | Claims                  |  |  |  |
|                 | ,  | Last 4 digits of account number   | 7266   |                         |  |  |  |

| Debtor 1 Lake, Jocelyn                             | Case number (f known)  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Name and Address                                   | On which entry in Part 1 or Part 2 d                                   | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |
| Internal Revenue Service                           | Line <b>2.1</b> of (Check one):  | ■ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |
| PO Box 931200<br>Louisville, KY 40293-1200         |  | Part 2: Creditors with Nonpriority Unsecured Claims                    |  |  |  |  |
| 200.0000, 101.0000200                              | Last 4 digits of account number  |  |  |  |  |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d                                   | id you list the original creditor?                                     |  |  |  |  |
| Phillip & Mailman, LLp                             | Line 4.9 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |
| 148 S Liberty Dr<br>Stony Point, NY 10980-2746     |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |
| Story Point, W1 10900-2740                         | Last 4 digits of account number  |  |  |  |  |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |  |
| Portfolio Recov Assoc                              | Line <b>4.4</b> of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |
| 120 Corporate Blvd Ste 1<br>Norfolk, VA 23502-4952 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |
| 101101K, VA 20002 4002                             | Last 4 digits of account number  | 6420   |  |  |  |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |  |
| Portfolio Recov Assoc                              | Line 4.5 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |
| 120 Corporate Blvd Ste 1<br>Norfolk, VA 23502-4952 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |
| 1401101K, VA 23302-4932                            | Last 4 digits of account number  | 0787   |  |  |  |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d                                   | id you list the original creditor?                                     |  |  |  |  |
| Portfolio Recov Assoc                              | Line 4.6 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |
| 120 Corporate Blvd Ste 1<br>Norfolk, VA 23502-4952 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |
| 1401101K, VA 23302-4932                            | Last 4 digits of account number  | 5299   |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     |    | Total Claim      |
|--------------|-----|---|-----|----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00             |
| Total claims | 01  |   | 01  | _  |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 2,742.86         |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00             |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00             |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 2,742.86         |
|              | 6f. | Student loans   | 6f. | \$ | Total Claim 0.00 |
| Total claims | 01. | otaaont louis   | 01. | Ψ  | 0.00             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00             |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00             |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 174,172.05       |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 174,172.05       |

| Fill in th             |                          |                            |                       |                   |
|------------------------|--------------------------|----------------------------|-----------------------|-------------------|
| Debtor 1               | Jocelyn Lake             |                            |                       |                   |
|                        | First Name               | Middle Name                | Last Name             |                   |
| Debtor 2               |                          |                            |                       |                   |
| (Spouse if, filing)    | First Name               | Middle Name                | Last Name             |                   |
| United States Ba       | ankruptcy Court for the: | SOUTHERN DISTRICT DIVISION | OF NEW YORK, WHITE PL | AINS              |
| Case number (if known) |                          |                            |                       | ☐ Check if this i |
| ,                      |                          |                            |                       | amended filin     |

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person o | r company with | whom you have the             | e contract or lease | State what the contract or lease is for |
|-----|----------|----------------|-------------------------------|---------------------|---|
| 2.1 |          | Name, Number   | , Street, City, State and ZIF | Code                |   |
|     | Name     |                |                               |                     | <del>_</del>                            |
|     | Niverbox | Otros          |                               |                     | <u> </u>                                |
|     | Number   | Street         |                               |                     |   |
|     | City     |                | State                         | ZIP Code            |   |
| 2.2 | Name     |                |                               |                     | <u> </u>                                |
|     | Name     |                |                               |                     |   |
|     | Number   | Street         |                               |                     | <del>_</del>                            |
|     | City     |                | State                         | ZIP Code            | <u> </u>                                |
| 2.3 | City     |                | State                         | ZIP Code            |   |
|     | Name     |                |                               |                     | <del>_</del>                            |
|     |          |                |                               |                     |   |
|     | Number   | Street         |                               |                     |   |
|     | City     |                | State                         | ZIP Code            | <del>_</del>                            |
| 2.4 | Name     |                |                               |                     | <u> </u>                                |
|     | IVAILIE  |                |                               |                     |   |
|     | Number   | Street         |                               |                     | <u> </u>                                |
|     | City     |                | Ctata                         | 7ID Code            | <u> </u>                                |
| 2.5 | City     |                | State                         | ZIP Code            |   |
|     | Name     |                |                               |                     | _                                       |
|     |          |                |                               |                     |   |
|     | Number   | Street         |                               |                     |   |
|     | City     |                | State                         | ZIP Code            | <del></del>                             |

|  |  |  | Pa 36 of 66   |   |  |
|--|--|--|---|---|--|
| Fi   | II in this information to identi   | fy your case:  |   |   |  |
| Debtor 1   | Jocelyn Lake   |  |   |   |  |
|  | First Name   | Middle Name  | Last Name   |   |  |
| Debtor 2   |  | ACT III AT   |   |   |  |
| (Spouse if, fili                                   | ng) First Name   | Middle Name  | Last Name   |   |  |
| United Sta   | ites Bankruptcy Court for the:   | SOUTHERN DISTRICT DIVISION   | OF NEW YORK, WHIT   | E PLAINS                                  |  |
| Case num   | ber  |  |   |   |  |
| (if known)   |  |  |   |   | ☐ Check if this is an  |
|  |  |  |   |   | amended filing   |
| Officia  | l Form 106H  |  |   |   |  |
|  |  | 1.4  |   |   |  |
| Sched  | lule H: Your Cod   | ebtors   |   |   | 12/15  |
| 1. Do  No Yes  2. Witt Califor  No. Yes  3. In Col | hin the last 8 years, have you<br>rnia, Idaho, Louisiana, Nevada<br>. Go to line 3.<br>s. Did your spouse, former spou<br>umn 1, list all of your codebt | you are filing a joint case, do  I lived in a community pro New Mexico, Puerto Rico se, or legal equivalent live wors. Do not include your | operty state or territory, Texas, Washington, and with you at the time? | ? (Community property state d Wisconsin.) | s and territories include Arizona, you. List the person shown in or on Schedule D (Official Form |
| 106D)<br>Colun                                     | , Schedule E/F (Official Form<br>nn 2.   |  |   | e Schedule D, Schedule E/F                | F, or Schedule G to fill out   |
|  | Column 1: Your codebtor Name, Number, Street, City, State and 2  | ZIP Code   |   | Check all schedules that                  | to whom you owe the debt apply:  |
|  |  |  |   |   |  |
| 3.1  | Name   |  |   | _ ☐ Schedule D, line _                    |  |
|  | Than 10  |  |   | ☐ Schedule E/F, line ☐ Schedule G, line _ |  |
| _  |  |  |   |   |  |
|  | Number Street<br>City  | State  | ZIP Code  |   |  |
|  | City   | State  | ZIF Code  |   |  |
|  |  |  |   | Пол                                       |  |
| 3.2  | Name   |  |   | _ ☐ Schedule D, line _                    |  |
|  |  |  |   | ☐ Schedule E/F, line ☐ Schedule G, line _ |  |
| _  |  |  |   |   |  |
|  | Number Street<br>City  | State  | ZIP Code  |   |  |
|  | -·· <i>,</i>   | - 1010   | 0000  |   |  |

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| Fill         | in this information to identify your cas  | se:                        |                                |              |           |                                 |                           |                           |            |
|--------------|---|----------------------------|--------------------------------|--------------|-----------|---------------------------------|---------------------------|---------------------------|------------|
|              | otor 1 Jocelyn Lake   |                            |                                |              |           |                                 |                           |                           |            |
|              | otor 2  |                            |                                |              | _         |                                 |                           |                           |            |
| Uni          | ted States Bankruptcy Court for the:  | SOUTHERN DISTRIC           | CT OF NEW YORK, \              | WHITE        | _         |                                 |                           |                           |            |
|              | se number<br>Jown)  |                            | -                              |              |           |                                 | led filing<br>nent showir | ng postpetition o         | chapter 13 |
| O            | fficial Form 106I   |                            |                                |              |           | MM / DD/                        | YYYY                      |                           |            |
| S            | chedule I: Your Inco  | me                         |                                |              |           |                                 |                           |                           | 12/15      |
| spoi<br>atta | blying correct information. If you a use. If you are separated and your ch a separate sheet to this form. Of the Describe Employment  Fill in your employment | spouse is not filing wit   | h you, do not includ           | le informa   | ition al  | oout your spo<br>e number (if l | use. If mo<br>nown). An   | re space is ne            | eded,      |
|              | information.  |                            | ■ Employed                     |              |           | □ Em                            |                           | illing spouse             |            |
|              | If you have more than one job, attach a separate page with information about additional   | Employment status          | ☐ Not employed                 | _            |           |                                 | employed                  |                           |            |
|              | employers.  | Occupation                 | Claims Repres                  | entative     |           |                                 |                           |                           |            |
|              | Include part-time, seasonal, or self-employed work.   | Employer's name            | Social Security                | / Admini     | stratio   | on                              |                           |                           |            |
|              | Occupation may include student or homemaker, if it applies.   | Employer's address         | 240 W Nyack R<br>West Nyack, N |              |           |                                 |                           |                           |            |
|              |   | How long employed th       | nere? 11 yea                   | rs           |           |                                 |                           |                           |            |
| Par          | t 2: Give Details About Mont  | thly Income                |                                |              |           |                                 |                           |                           |            |
|              | mate monthly income as of the dat ss you are separated.   | e you file this form. If y | ou have nothing to rep         | oort for any | / line, w | rite \$0 in the s               | pace. Inclu               | de your non-filir         | ng spouse  |
|              | u or your non-filing spouse have more<br>ee, attach a separate sheet to this form   |                            | oine the information fo        | or all emplo | yers fo   | r that person o                 | n the lines               | below. If you ne          | ed more    |
|              |   |                            |                                |              | F         | or Debtor 1                     |                           | ebtor 2 or<br>ling spouse |            |
| 2.           | List monthly gross wages, salary deductions). If not paid monthly, ca   |                            |                                | 2.           | \$        | 6,792.93                        | \$                        | N/A                       |            |
| 3.           | Estimate and list monthly overting  | ne pay.                    |                                | 3.           | +\$       | 3,311.84                        | +\$_                      | N/A                       |            |
| 4.           | Calculate gross Income. Add line  | 2 + line 3.                |                                | 4.           | \$_       | 10,104.77                       | \$_                       | N/A                       |            |

Official Form 106l Schedule I: Your Income page 1

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| Debtor       | 1                   | Lake, Jocelyn   | _       |          | Case | number (if known) |          |                                   |                        |
|--------------|---------------------|---|---------|----------|------|-------------------|----------|-----------------------------------|------------------------|
|              |                     |   |         |          | For  | Debtor 1          |          | or Debtor 2 or                    |                        |
| c            | cop                 | by line 4 here  | 4.      |          | \$   | 10,104.77         | <u>n</u> | on-filing spous<br>N              | ie<br>I/A              |
|              | -                   | y line 4 nere   |         |          | Ť-   | 10,104.77         | •        |                                   | <u> </u>               |
| 5. <b>L</b>  | .ist                | all payroll deductions:   |         |          |      |                   |          |                                   |                        |
| 5            | ia.                 | Tax, Medicare, and Social Security deductions   | 5       | a.       | \$   | 2,161.97          | \$       | N                                 | /A                     |
| 5            | b.                  | Mandatory contributions for retirement plans  | 51      | b.       | \$_  | 54.34             | \$       | N                                 | /A                     |
| 5            | ic.                 | Voluntary contributions for retirement plans  | 50      | c.       | \$_  | 0.00              | \$       | N                                 | /A                     |
| 5            | id.                 | Required repayments of retirement fund loans  | 50      | d.       | \$   | 0.00              | \$       | N                                 | I/A                    |
| 5            | e.                  | Insurance   | 56      | e.       | \$_  | 0.00              | \$       | N                                 | I/A                    |
| 5            | f.                  | Domestic support obligations  | 5f      | f.       | \$   | 0.00              | \$       |                                   | I/A                    |
| 5            | ig.                 | Union dues  | 5       | g.       | \$_  | 40.95             | \$       | N                                 | I/A                    |
| 5            | h.                  | Other deductions. Specify: Health Pre-tax   | 51      | h.+      | - \$ |                   | + \$     | N                                 | /A                     |
|              |                     | Fegli-reg   | _       |          | \$_  | 27.30             | \$       |                                   | /A                     |
|              |                     | Fegli-additional  |         |          | \$   | 14.21             | \$       |                                   | /A                     |
|              |                     | Thrift savings plan loan  | _       |          | \$_  | 43.46             | \$       |                                   | /A                     |
|              |                     | Savings allotment   | _       |          | \$   | 693.33            | \$       |                                   | I/A                    |
|              |                     | Dental Vision   | _       |          | \$   | 209.97            | \$       |                                   | /A                     |
|              |                     | Fegli-optional  | _       |          | \$_  | 0.87              | \$       | N                                 | /A                     |
|              |                     | Fegli-family  |         |          | \$   | 1.78              | \$       |                                   | /A                     |
|              |                     | Federal tax levy  | _       |          | \$_  | 108.33            | \$       |                                   | /A                     |
| 6. <b>A</b>  | ۱dd                 | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | —<br>6. |          | \$   | 3,945.74          | \$       |                                   | /A                     |
| 7. <b>C</b>  | alc                 | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.      |          | \$   | 6,159.03          | \$       |                                   | //A                    |
| 8. <b>L</b>  | .ist                | all other income regularly received:  |         |          |      |                   |          |                                   |                        |
| 8            | a.                  | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross  |         |          |      |                   |          |                                   |                        |
|              |                     | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 88      | 2        | \$   | 0.00              | \$       | . N                               | I/A                    |
| Q            | b.                  | Interest and dividends  |         | a.<br>b. | \$-  |                   | \$       |                                   | I/A<br>I/A             |
|              | ic.                 | Family support payments that you, a non-filing spouse, or a dependent   |         | υ.       | Ψ_   | 0.00              | Ψ        | N                                 | VA_                    |
| O            | ю.                  | regularly receive Include alimony, spousal support, child support, maintenance, divorce   |         |          | •    |                   | •        |                                   |                        |
|              |                     | settlement, and property settlement.  | 80      |          | \$_  | 0.00              | \$       |                                   | <u>//A</u>             |
|              | d.                  | Unemployment compensation   |         | d.       | \$_  | 0.00              | \$       |                                   | /A                     |
|              | e.                  | Social Security   | 86      | e.       | \$_  | 0.00              | \$       | N                                 | <u>//A</u>             |
| 8            | if.                 | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f      | f.       | \$   | 0.00              | \$       | N                                 | I/A                    |
| 8            | g.                  | Pension or retirement income  | —<br>89 | g.       | \$   | 0.00              | \$       |                                   | /A                     |
| 8            | h.                  | Other monthly income. Specify:  |         | -<br>h.+ | - \$ | 0.00              | + \$     |                                   | /A                     |
|              |                     | <u> </u>  |         |          | _    |                   |          |                                   | _                      |
| 9. <b>A</b>  | ۸dd                 | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.      |          | \$_  | 0.00              | \$       |                                   | N/A                    |
| 10. <b>C</b> | alc                 | culate monthly income. Add line 7 + line 9.   | 10.     | \$       |      | 6,159.03 + \$     |          | N/A = \$                          | 6,159.0                |
| А            | ۸dd                 | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |         |          |      | -,                |          |                                   |                        |
| Ir<br>O<br>D | nclu<br>the<br>Oo r | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not available. | epend   |          |      | •                 |          | nedule J.<br>11. +\$ <sub>.</sub> | 0.0                    |
|              |                     | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain  |         |          |      |                   |          |                                   | 6,159.0                |
| 12 5         | ٠ م                 | you expect an increase or decrease within the year after you file this form?  | 2       |          |      |                   |          |                                   | nbined<br>hthly income |
| 13. D        | , o y               | No.   | •       |          |      |                   |          |                                   |                        |
| г            | ٦.                  | Yes, Explain:   |         |          |      |                   |          |                                   |                        |

Official Form 106l Schedule I: Your Income page 2

| Fill          | in this information to identify your case:  |  |                  |                   |                               |
|---------------|---|--|------------------|-------------------|-------------------------------|
| Deb           | tor 1 Jocelyn Lake  |  | Check            | if this is:       |                               |
|               | tor 2   |  | A                |                   | ing postpetition chapter 13   |
|               | ouse, if filing)  |  |                  | xpenses as of the |                               |
| Unit          | ed States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW PLAINS DIVISION  | YORK, WHITE                              | M                | IM / DD / YYYY    |                               |
|               | e numbernown)   |  |                  |                   |                               |
|               | fficial Form 106J   |  |                  |                   |                               |
|               | chedule J: Your Expenses as complete and accurate as possible. If two married people are  | filing together, both                    | h aro ogually    | rosponsible for s | 12/15                         |
| info<br>(if k | ermation. If more space is needed, attach another sheet to this for<br>known). Answer every question.   |  |                  |                   |                               |
| Par<br>1.     | Is this a joint case?   |  |                  |                   |                               |
|               | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?   |  |                  |                   |                               |
|               | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses  | for Separate Househ                      | oldof Debtor 2   | 2.                |                               |
| 2.            | Do you have dependents? ☐ No  |  |                  |                   |                               |
|               | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relati<br>Debtor 1 or Debtor |                  | Dependent's age   | Does dependent live with you? |
|               | Do not state the  |  |                  |                   | □ No                          |
|               | dependents names.   | Daughter                                 |                  | 8                 | Yes                           |
|               |   |  |                  |                   | □ No<br>□ Yes                 |
|               |   |  |                  |                   | □ No                          |
|               |   |  |                  |                   | ☐ Yes                         |
|               |   |  |                  |                   | □ No                          |
|               |   |  |                  |                   | ☐ Yes                         |
| 3.            | Do your expenses include expenses of people other than yourself and your dependents?   ■ No □ Yes   |  |                  |                   |                               |
| exp           | Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a supplicable date. |  |                  |                   |                               |
| valı          | ude expenses paid for with non-cash government assistance if ue of such assistance and have included it on Schedule I: Your licial Form 106l.)  |  |                  | Your expe         | enses                         |
| 4.            | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.   | clude first mortgage                     | 4. \$            |                   | 2,200.00                      |
|               | If not included in line 4:  |  |                  |                   |                               |
|               | 4a. Real estate taxes   |  | 4a. \$           |                   | 0.00                          |
|               | 4b. Property, homeowner's, or renter's insurance  |  | 4a. \$<br>4b. \$ |                   | 0.00                          |
|               | 4c. Home maintenance, repair, and upkeep expenses   |  | 4c. \$           |                   | 100.00                        |
|               | 4d. Homeowner's association or condominium dues   |  | 4d. \$           |                   | 0.00                          |
| 5.            | Additional mortgage payments for your residence, such as hon  | ne equity loans                          | 5. \$            |                   | 0.00                          |

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| Debtor 1 Lake, Jocelyn Case number (if known) |               |                                    |  |              |                                       |                              |
|---|---------------|------------------------------------|--|--------------|---------------------------------------|------------------------------|
| 6.  | Utiliti       | ies:                               |  |              |                                       |                              |
| 0.  | 6a.           |                                    | , heat, natural gas  | 6a.          | \$                                    | 402.00                       |
|   | 6b.           |                                    | wer, garbage collection  | 6b.          | \$                                    | 0.00                         |
|   | 6c.           |                                    | e, cell phone, Internet, satellite, and cable services   | 6c.          |                                       | 250.00                       |
|   | 6d.           | •                                  | ecify: Ez pass   | 6d.          | ·                                     | 100.00                       |
| 7.  |               |                                    | ekeeping supplies  | 7.           | · · · · · · · · · · · · · · · · · · · | 800.00                       |
| 8.  |               |                                    | children's education costs   | 8.           | · · · · · · · · · · · · · · · · · · · | 650.00                       |
| 9.  |               |                                    | ry, and dry cleaning   | 9.           | ·                                     | 200.00                       |
|   |               | O,                                 | roducts and services   | 10.          |                                       |                              |
| 11.   |               |                                    | ntal expenses  | 10.          | · · · · · · · · · · · · · · · · · · · | 100.00                       |
|   |               |                                    | The second secon | 11.          | \$                                    | 20.00                        |
| 12.   | Do no         | <b>sportation.</b><br>of include c | Include gas, maintenance, bus or train fare. ar payments.  | 12.          | \$                                    | 400.00                       |
| 13.   |               |                                    | clubs, recreation, newspapers, magazines, and books  | 13.          | ·                                     | 500.00                       |
|   |               |                                    | ributions and religious donations  | 14.          |                                       | 100.00                       |
|   | Insur         |                                    | inductions and rongicus deficutions  |              | <u> </u>                              | 100.00                       |
|   |               |                                    | nsurance deducted from your pay or included in lines 4 or 20.  |              |                                       |                              |
|   |               | Life insura                        |  | 15a.         | \$                                    | 0.00                         |
|   | 15b.          | Health ins                         | urance   | 15b.         | \$                                    | 0.00                         |
|   | 15c.          | Vehicle ins                        | surance  | 15c.         | \$                                    | 350.00                       |
|   | 15d.          | Other insu                         | ırance. Specify:   | 15d.         |                                       | 0.00                         |
| 16.   |               |                                    | clude taxes deducted from your pay or included in lines 4 or 20  |              | · —                                   | 0.00                         |
|   | Speci         |                                    |  | 16.          | \$                                    | 0.00                         |
| 17.   |               |                                    | ease payments:   |              | •                                     |                              |
|   |               |                                    | ents for Vehicle 1   | 17a.         | ·                                     | 0.00                         |
|   |               |                                    | ents for Vehicle 2   | 17b.         | · <del></del>                         | 0.00                         |
|   |               | Other. Spe                         |  | 17c.         | \$                                    | 0.00                         |
|   | 17d.          | Other. Spe                         | ecify:   | 17d.         | . \$                                  | 0.00                         |
| 18.   |               |                                    | of alimony, maintenance, and support that you did not re<br>your pay on line 5, Schedule I, Your Income (Official Forn   |              | \$                                    | 0.00                         |
| 19  |               |                                    | s you make to support others who do not live with you.   | 1 1001).     | \$                                    | 0.00                         |
| 10.   | Speci         |                                    | you make to support outers who do not live with you.   | 19.          |                                       | 0.00                         |
| 20  |               | , <u> </u>                         | erty expenses not included in lines 4 or 5 of this form or o   |              |                                       |                              |
| 20.   | 20a.          | Mortgages                          | s on other property  | 20a.         |                                       | 0.00                         |
|   |               | Real estate                        |  | 20b.         |                                       | 0.00                         |
|   |               |                                    | nomeowner's, or renter's insurance   | 20c.         | · · · · · · · · · · · · · · · · · · · | 0.00                         |
|   |               |                                    | ice, repair, and upkeep expenses   | 20d.         |                                       | 0.00                         |
|   |               |                                    | er's association or condominium dues   | 20d.<br>20e. | ·                                     | 0.00                         |
| 21.   |               | r: Specify:                        | ers association or condominatin dues   |              | +\$                                   |                              |
|   |               |                                    |  |              | -φ                                    | 0.00                         |
| 22.   | Calcu         | ulate your ı                       | monthly expenses   |              |                                       |                              |
|   | 22a. <i>i</i> | Add lines 4                        | through 21.  |              | \$                                    | 6,172.00                     |
|   | 22b.          | Copy line 2:                       | 2 (monthly expenses for Debtor 2), if any, from Official Form  | 106J-2       | \$                                    |                              |
|   | 22c. /        | Add line 22a                       | a and 22b. The result is your monthly expenses.  |              | \$                                    | 6,172.00                     |
| 23.   | Calcı         | ulate vour i                       | monthly net income.  |              |                                       |                              |
|   |               |                                    | 12 (your combined monthly income) from Schedule I.   | 23a.         | \$                                    | 6,159.03                     |
|   |               |                                    | monthly expenses from line 22c above.  | 23b.         |                                       | 6,172.00                     |
|   |               | , ,                                | , <del></del>  | 200.         |                                       |                              |
|   | 23c.          |                                    | our monthly expenses from your monthly income. is your monthly net income.   | 23c.         | \$                                    | -12.97                       |
| 24.   | For ex        | kample, do yo<br>ication to the    | an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you eterms of your mortgage?   |              |                                       | ase or decrease because of a |
|   | □Y€           |                                    | Explain here:  |              |                                       |                              |
|   |               | · · ·                              | 1  |              |                                       |                              |

| Fill in this ii                      | mormation to identify yo                          | our case:                  |                              |   |  |
|--------------------------------------|---|----------------------------|------------------------------|---|--|
| Debtor 1                             | Jocelyn Lake                                      |                            |                              |   |  |
|                                      | First Name  | Middle Name                | Last Name                    |   |  |
| Debtor 2                             | First Name  | Middle News                | Land Name                    |   |  |
| (Spouse if, filing)                  | First Name  | Middle Name                | Last Name                    |   |  |
| United States Ba                     | ankruptcy Court for the:                          | SOUTHERN DISTRICT DIVISION | OF NEW YORK, WHITE PI        | LAINS   |  |
| Case number                          |   |                            |                              | _   |  |
| (if known)                           |   |                            |                              |   | Check if this is an amended filing                     |
|                                      | tion About a                                      |                            | Debtor's Sch                 |   | 12/15  |
| t two married pe                     | eople are filing together                         | , both are equally respon  | sible for supplying correct  | information.  |  |
| obtaining money<br>years, or both. 1 |   | connection with a bankı    |                              | aking a false statement, conc<br>nes up to \$250,000, or impris |  |
| Did you pa                           | y or agree to pay some                            | one who is NOT an attorn   | ey to help you fill out bank | kruptcy forms?  |  |
| ■ No                                 |   |                            |                              |   |  |
| ☐ Yes. I                             | Name of person                                    |                            |                              |   | tition Preparer's Notice,<br>ature (Official Form 119) |
|                                      | alty of perjury, I declare<br>e true and correct. | that I have read the sumn  | nary and schedules filed w   | ith this declaration and  |  |
| X /s/ Jod                            | celyn Lake  |                            | X                            |   |  |
| Jocely                               | /n Lake<br>ire of Debtor 1                        |                            | Signature of De              | ebtor 2   |  |
| Date                                 | June 5, 2019                                      |                            | Date                         |   |  |

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|                             |                          |                            | FU 4/ UI UU               |                                      |
|-----------------------------|--------------------------|----------------------------|---------------------------|--------------------------------------|
| Fill in th                  | is information to identi | fy your case:              |                           |                                      |
| Debtor 1                    | Jocelyn Lake             |                            |                           |                                      |
|                             | First Name               | Middle Name                | Last Name                 | )                                    |
| Debtor 2                    |                          |                            |                           |                                      |
| (Spouse if, filing)         | First Name               | Middle Name                | Last Name                 |                                      |
| United States Ba            | inkruptcy Court for the: | SOUTHERN DISTRICT DIVISION | OF NEW YORK, WHITE PLAINS |                                      |
| Case number _<br>(if known) |                          |                            |                           | ☐ Check if this is an amended filing |

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

page 1 of 2

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

|    | rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended r original forms, you must fill out a new Summary and check the box at the top of this page. | schedul                              | es after you file          |  |
|----|---|--------------------------------------|----------------------------|--|
| Pa | t 1: Summarize Your Assets  |                                      |                            |  |
|    |   | Your assets<br>Value of what you own |                            |  |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$                                   | 0.00                       |  |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                                   | 520.00                     |  |
|    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                                   | 520.00                     |  |
| Pa | t 2: Summarize Your Liabilities   |                                      |                            |  |
|    |   |                                      | liabilities<br>int you owe |  |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$                                   | 0.00                       |  |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F  | \$                                   | 2,742.86                   |  |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F   | \$                                   | 174,172.05                 |  |
|    | Your total liabilities  | \$                                   | 176,914.91                 |  |
| Pa | rt 3: Summarize Your Income and Expenses  |                                      |                            |  |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I  | \$                                   | 6,159.03                   |  |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$                                   | 6,172.00                   |  |
| Pa | Answer These Questions for Administrative and Statistical Records   |                                      |                            |  |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other.                            | ner schec                            | dules.                     |  |
| 7. | Yes What kind of debt do you have?  |                                      |                            |  |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.       | ersonal, fa                          | amily, or household        |  |
|    | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo.  | x and sul                            | omit this form to the      |  |

Summary of Your Assets and Liabilities and Certain Statistical Information

Official Form 106Sum

court with your other schedules.

#### Filed 06/05/19 Entered 06/05/19 15:33:48 19-23126-rdd Doc 1 Main Document Pg 43 of 66 Case number (if known)

Debtor 1 Lake, Jocelyn

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,327.48 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim     |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following:   |         |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 2,742.86 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 2,742.86 |

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| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct   |            | Fill in this  | information to ident                                    | ify your case:                    |               |                         |                    |              |                    |  |  |
|--|------------|---|---|-----------------------------------|---------------|-------------------------|--------------------|--------------|--------------------|--|--|
| Debtor 2   Prior Name   Modide Name   Last Name   SOUTHERN DISTRICT OF NEW YORK, WHITE PLAINS   DIVISION   Case number   If Name   DIVISION   Case number   If Name   Case number   Case num   | De         | btor 1  | Jocelyn I ake   |                                   |               |                         |                    |              |                    |  |  |
| United States Bankruptcy Court for the:    SOUTHERN DISTRICT OF NEW YORK, WHITE PLAINS   |            |   |   | Middle Name                       | Last          | Name                    |                    |              |                    |  |  |
| United States Bankruptcy Court for the: DIVISION  Case number (It house)  Case | 1 -        |   | First Name  | Middle Name                       | Last          | Name                    |                    |              |                    |  |  |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/1  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbe (if known). Answer every question.  Fart 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married  Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  Debtor 1 Prior Address:  Debtor 1 Prior Address:  Determed 12 Chestnut St Apt 102B  Suffern, NY 10901-5431  Off/1/2018-03/01/2  019  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you receive drom all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Ore deductions and (before deductions and the pape).                     | Un         | ited States Bar   | nkruptcy Court for the:                                 |                                   | OF NEW YO     | ORK, WHITE PLA          | AINS               |              |                    |  |  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   |            | _   |   |                                   |               |                         |                    | _            |                    |  |  |
| 1. What is your current marital status?  □ Married ■ Not married  2. During the last 3 years, have you lived anywhere other than where you live now? □ No ■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: □ Dates Debtor 1 lived there  12 Chestnut St Apt 102B Suffern, NY 10901-5431 □ Gof/1/2018-03/01/2 □ Same as Debtor 1 □ Same as Debtor 1 □ From-To: □ Same as Debtor 1 □ Same as Debtor 2 □ Sources of income Check all that apply. (before deductions   | St<br>Be a | atement<br>as complete a<br>ormation. If mo                                     | of Financial and accurate as possilore space is needed, | ole. If two married people ar     | e filing tog  | ether, both are e       | qually responsible |              | ng correct         |  |  |
| Married  |            |   |   |                                   | Lived Befo    | re                      |                    |              |                    |  |  |
| Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: □ Dates Debtor 1 lived there  12 Chestnut St Apt 102B From-To: □ O6/1/2018-03/01/2 019  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) □ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. □ No □ Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Debtor 2 Sources of income Check all that apply.  Debtor 2 Sources of income Check all that apply.  Debtor 1 Debtor 2 Sources of income Check all that apply.  Debtor 1 Debtor 2 Sources of income Check all that apply.  | 1.         | What is your  | current marital statu                                   | S?                                |               |                         |                    |              |                    |  |  |
| No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.   Debtor 1 Prior Address:   Dates Debtor 1 lived there   Debtor 2 Prior Address:   Dates Debtor 2 lived there   12 Chestnut St Apt 102B   From-To:  |            | _   | ried  |                                   |               |                         |                    |              |                    |  |  |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:  Dates Debtor 1 lived there  12 Chestnut St Apt 102B Suffern, NY 10901-5431  From-To:  06/1/2018-03/01/2  019  Same as Debtor 1 From-To:  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  4. Did you have any income from employment or from operating a businessed, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1 Sources of income Check all that apply.  Debtor 2 Sources of income Check all that apply.  Debtor 2 Sources of income Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.  Debtor 2 Sources of income Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.   | 2.         | During the last 3 years, have you lived anywhere other than where you live now? |   |                                   |               |                         |                    |              |                    |  |  |
| Debtor 1 Prior Address:  Dates Debtor 1 lived there  12 Chestnut St Apt 102B Suffern, NY 10901-5431  Suffern, NY 10901-5431  Dates Debtor 1 lived there  13 Chestnut St Apt 102B Suffern, NY 10901-5431  Debtor 2 Prior Address:  Dates Debtor 2 lived there  14 Chestnut St Apt 102B Suffern, NY 10901-5431  Debtor 2 Prior Address:  Dates Debtor 1 lived there  In a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Did you have any income from employment or from operating a businessed during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.   |            | □ No  |   |                                   |               |                         |                    |              |                    |  |  |
| there  12 Chestnut St Apt 102B Suffern, NY 10901-5431  12 Chestnut St Apt 102B Suffern, NY 10901-5431  13 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and   |            | _   | t all of the places you liv                             | ved in the last 3 years. Do not i | include whe   | re you live now.        |                    |              |                    |  |  |
| Suffern, NY 10901-5431  06/1/2018-03/01/2 019  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and Cross income Check all that apply.  Gross income (before deductions   |            | Debtor 1 Pri  | or Address:   |                                   | lived [       | Debtor 2 Prior Address: |                    |              |                    |  |  |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and Check all that apply.  Gross income Check all that apply.   |            |   |   | 06/1/2018-03/                     |               |                         |                    |              |                    |  |  |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and Check all that apply.  | stat       | es and territorie  No Yes. Ma   | es include Arizona, Cal                                 | ifornia, Idaho, Louisiana, Nev    | ada, New N    | lexico, Puerto Ri       |                    |              |                    |  |  |
| Sources of income Check all that apply.  Gross income (before deductions and Check all that apply.  Gross income Check all that apply.  Gross income (before deductions and Check all that apply.  | 4.         | Fill in the tota If you are filing  No  | ll amount of income yo<br>g a joint case and you h      | u received from all jobs and a    | ill businesse | es, including part-     | time activities.   | ious calenda | r years?           |  |  |
| Check all that apply. (before deductions and Check all that apply. (before deductions  |            |   |   | Debtor 1                          |               |                         | Debtor 2           |              |                    |  |  |
|  |            |   |   |                                   | (before       | deductions and          |                    |              | (before deductions |  |  |

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| De | btor 1 <u>La</u>                           | ke, Jocely                                     | /n   |  |   | case number (if known)   |                                    |   |
|----|--|--|--|--|---|--|------------------------------------|---|
|    |  |  |  |  |   |  |                                    |   |
|    |  |  |  | Debtor 1   |   | Debtor 2   |                                    |   |
|    |  |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of inc<br>Check all that a                               |                                    | Gross income<br>(before deductions<br>and exclusions) |
|    | / January 1 to December 31 201/ )          |  | ■ Wages, commissions, bonuses, tips                              |  |   |  |                                    |   |
|    |  |  |  | ☐ Operating a business   |   | ☐ Operating a  | business                           |   |
| 5. | Include inc<br>other publi<br>you are fili | come regard<br>c benefit pay<br>ng a joint cas | less of whethe<br>ments; pensions<br>se and you ha               | e during this year or the two<br>er that income is taxable. Exam<br>ons; rental income; interest; di<br>we income that you received to<br>me from each source separate   | ples of other income are al<br>vidends; money collected fr<br>gether, list it only once und | limony; child support;<br>om lawsuits; royalties<br>er Debtor 1. | ; and gambling                     |   |
|    | ■ No                                       | Fill in the de                                 | etails.  |  |   |  |                                    |   |
|    |  |  |  |  |   |  |                                    |   |
|    |  |  |  | Debtor 1<br>Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)                   | Debtor 2<br>Sources of inc<br>Describe below.                    |                                    | Gross income<br>(before deductions<br>and exclusions) |
| Dо | rt 3: List                                 | Cortoin Bo                                     | umanta Vall  | Made Before You Filed for I  | Ponkruntov  |  |                                    |   |
| 6. | Are either ☐ No.                           | Neither De individual p                        | ebtor 1 nor E<br>primarily for a<br>90 days befo<br>Go to line 7 | s debts primarily consumer<br>lebtor 2 has primarily consu<br>personal, family, or household<br>re you filed for bankruptcy, did<br>7.<br>each creditor to whom you paid | mer debts. Consumer debt<br>purpose."<br>you pay any creditor a total                       | of \$6,825* or more?   |                                    |   |
|    |  |  | payments to  | o not include payments for dor<br>o an attorney for this bankrupto<br>on 4/01/22 and every 3 years   | cy case.  | •                          | Ž                                  | r. Also, do not include                               |
|    | ■ Yes.                                     |  |  | r both have primarily consu<br>re you filed for bankruptcy, did  |   | of \$600 or more?  |                                    |   |
|    |  | ■ No.  | Go to line 7   | 7.   |   |  |                                    |   |
|    |  | □ <sub>Yes</sub>                               |  | each creditor to whom you paid<br>or domestic support obligations<br>ptcy case.  |   | •  | •                                  |   |
|    | Creditor'                                  | s Name and                                     | d Address  | Dates of payme   | ent Total amount  | Amount you still owe   | Was this pa                        | ayment for  |
| 7. | <i>Insiders</i> in which you               | clude your re<br>are an office                 | elatives; any g<br>er, director, pe                              | bankruptcy, did you make a<br>leneral partners; relatives of an<br>erson in control, or owner of 20'<br>rietor. 11 U.S.C. § 101. Include                                 | a payment on a debt you<br>y general partners; partners<br>% or more of their voting se     | ships of which you are<br>curities; and any man                  | e a general par<br>aging agent, ir | tner; corporations of<br>ncluding one for a           |
|    |  | . ,  | ents to an ins   |  |   |  |                                    |   |
|    | Insider's                                  | Name and                                       | Address  | Dates of payme   | ent Total amount paid   | Amount you still owe   | Reason for                         | this payment  |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

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| Deb | btor 1 Lake, Jocelyn  |   | Cas                   | se number (if known)  |                 |                    |  |  |
|-----|---|---|-----------------------|-----------------------|-----------------|--------------------|--|--|
|     |   |   |                       |                       |                 |                    |  |  |
|     | insider?  |   |                       |                       |                 |                    |  |  |
|     | Include payments on debts guaranteed or cosi  | gned by an insider.                             |                       |                       |                 |                    |  |  |
|     | <b>=</b>  |   |                       |                       |                 |                    |  |  |
|     | <ul><li>No</li><li>Yes. List all payments to an insider</li></ul>   |   |                       |                       |                 |                    |  |  |
|     | Insider's Name and Address  | Dates of payment                                | Total amount          | Amount you            | Bassan for      | this payment       |  |  |
|     | insider 5 Name and Address  | Dates of payment                                | paid                  | Amount you still owe  | Include cred    |                    |  |  |
| Par | rt 4: Identify Legal Actions, Repossession  | ne and Foreclosures                             |                       |                       |                 |                    |  |  |
| ıaı |   |   |                       |                       |                 |                    |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury and contract disputes. |   |                       |                       |                 |                    |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                       |                       |                 |                    |  |  |
|     | Case title<br>Case number   | Nature of the case                              | Court or agency       |                       | Status of th    | e case             |  |  |
| 10. | Within 1 year before you filed for bankrupt<br>Check all that apply and fill in the details belo                    |   | rty repossessed, fo   | oreclosed, garnishe   | ed, attached,   | seized, or levied? |  |  |
|     | □ No. Go to line 11.  |   |                       |                       |                 |                    |  |  |
|     | Yes. Fill in the information below.   |   |                       |                       |                 |                    |  |  |
|     | Creditor Name and Address   | Describe the Property                           |                       | Date                  |                 | Value of the       |  |  |
|     |   | Explain what happened                           |                       |                       |                 | property           |  |  |
|     | Hyundai Finance   | 2015 Hyundai Sonat                              |                       | 02/02                 | /2018           | \$5,274.00         |  |  |
|     | PO Box 20829  |   |                       |                       |                 | <b>40,</b> =1      |  |  |
|     | Fountain Valley, CA 92728-0829  | Property was reposses                           |                       |                       |                 |                    |  |  |
|     |   | ☐ Property was foreclose☐ Property was garnishe |                       |                       |                 |                    |  |  |
|     |   | ☐ Property was attached                         |                       |                       |                 |                    |  |  |
|     |   | — Property was attached                         | i, seized of levied.  |                       |                 |                    |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No                             |   | uding a bank or fina  | ancial institution, s | et off any am   | ounts from your    |  |  |
|     | ☐ Yes. Fill in the details.   |   |                       |                       |                 |                    |  |  |
|     | Creditor Name and Address   | Describe the action the                         | creditor took         | Date a taken          | ction was       | Amount             |  |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a                             |   | rty in the possession | on of an assignee f   | or the benefi   | t of creditors, a  |  |  |
|     | ■ No  |   |                       |                       |                 |                    |  |  |
|     | ☐ Yes   |   |                       |                       |                 |                    |  |  |
| Par | rt 5: List Certain Gifts and Contributions  |   |                       |                       |                 |                    |  |  |
| 13  | Within 2 years before you filed for bankrup   | atcy did you give any gifts                     | with a total value    | of more than \$600    | ner nerson?     |                    |  |  |
| 10. | ■ No  | noy, ala you give any gire                      | With a total value (  |                       | oci persori.    |                    |  |  |
|     | ☐ Yes. Fill in the details for each gift.   |   |                       |                       |                 |                    |  |  |
|     | Gifts with a total value of more than \$600 person  | per Describe the gifts                          |                       | Dates<br>the gi       | you gave<br>its | Value              |  |  |
|     | Person to Whom You Gave the Gift and  |   |                       |                       |                 |                    |  |  |

Address:

19-23126-rdd Doc 1 Filed 06/05/19 Entered 06/05/19 15:33:48 Main Document Pa 47 of 66 Debtor 1 Case number (if known) Lake, Jocelyn 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of **Address** transferred transfer was payment Email or website address made Person Who Made the Payment, if Not You The Law Office Of Robert S. Lewis PC **Bankruptcy Proceeding** May 2, 2019 \$1,300.00 53 Burd St Nyack, NY 10960-3265 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment or Amount of Address transferred transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Address

Date transfer was

made

Yes. Fill in the details.Person Who Received Transfer

Person's relationship to you

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### Part 10: Give Details About Environmental Information

Address (Number, Street, City, State and ZIP Code)

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

(Number, Street, City, State and ZIP

Code)

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Part 12: Sign Below

Name Address

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

**Date Issued** 

Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jocelyn Lake

Jocelyn Lake

Signature of Debtor 2

Signature of Debtor 1

Date

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person\_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inf             | ormation to identify your case:  |                     |                   |               |                     | irected in this form and                            | in Form            |
|------------------------------|--|---------------------|-------------------|---------------|---------------------|---|--------------------|
| Debtor 1                     | Jocelyn Lake   |                     | 123               | 2A-1Sup       | pp:                 |   |                    |
| Debtor 2                     |  |                     |                   | П₄ть          | oro io no nroo      | mention of obuse                                    |                    |
| (Spouse, if filing           |  |                     |                   | ⊔ 1. In       | ere is no pres      | umption of abuse                                    |                    |
|                              | Southern District  | of New York, Wh     | ite               |               |                     | o determine if a presur                             |                    |
| United State                 | s Bankruptcy Court for the: Plains Division  |                     |                   |               |                     | nade under <i>Chapter 7 N</i><br>cial Form 122A-2). | leans Lest         |
| Case numbe                   | er   |                     |                   | _             | ,                   | does not apply now bed                              | rause of qualified |
| (if known)                   |  |                     |                   |               |                     | out it could apply later.                           | ause or qualified  |
|                              |  |                     |                   | ☐ Che         | ck if this is a     | n amended filing                                    |                    |
| Official                     | Form 122A - 1  |                     |                   |               | 011 11 11 10 10 0   | ag  |                    |
|                              |  | rant Mar            | thly lpa          | - m -         |                     |   |                    |
| Chapte                       | r 7 Statement of Your Cui  | rent wor            | ithly inc         | ome           |                     |   | 12/15              |
| Be as complet                | e and accurate as possible. If two married people  | are filing together | , both are equall | ly respor     | sible for being     | accurate. If more space                             | is needed, attach  |
|                              | et to this form. Include the line number to which the<br>own). If you believe that you are exempted from a p           |                     |                   |               |                     |   |                    |
|                              | e, complete and file Statement of Exemption from   |                     |                   |               |                     |   |                    |
| Part 1:                      | Calculate Your Current Monthly Income  |                     |                   |               |                     |   |                    |
| 1. What is                   | s your marital and filing status? Check one or   | ıly.                |                   |               |                     |   |                    |
|                              | married. Fill out Column A, lines 2-11.  | ,                   |                   |               |                     |   |                    |
|                              | ried and your spouse is filing with you. Fill ou   | it both Columns     | Δ and R lines 1   | 2-11          |                     |   |                    |
|                              | ried and your spouse is NOT filing with you.   |                     | •                 | <b>2</b> -11. |                     |   |                    |
| _                            | , ,  | •                   |                   | ımna A        | and P. lings 2      | 11  |                    |
|                              | iving in the same household and are not lega   | •                   |                   |               | •                   |   | de alore un der    |
|                              | iving separately or are legally separated. Fill of the separated is a separated. Fill of the separated is a separated. | ·                   |                   |               | •                   |   |                    |
|                              | part for reasons that do not include evading the   |                     |                   |               |                     | mar you and your opou                               | 55 a. 5g           |
|                              | average monthly income that you received from all  |                     |                   |               |                     |   |                    |
|                              | For example, if you are filing on September 15, the 6-n add the income for all 6 months and divide the total by        |                     |                   |               |                     |   |                    |
| own the sa                   | me rental property, put the income from that property i  | n one column only.  | If you have nothi | ing to rep    | ort for any line, v | vrite \$0 in the space.                             | · ·                |
|                              |  |                     |                   | Colum         |                     | Column B  |                    |
|                              |  |                     |                   | Debtoi        | 1                   | Debtor 2 or non-filing spouse                       |                    |
| 2. Your g                    | ross wages, salary, tips, bonuses, overtime,   | and commissior      | ns (before all    |               |                     |   |                    |
|                              | deductions).   |                     | ,                 | \$            | 9,327.48            | \$  |                    |
|                              | y and maintenance payments. Do not include B is filled in.   | payments from a     | a spouse if       | \$            | 0.00                | \$  |                    |
|                              | ounts from any source which are regularly pa   |                     |                   |               |                     |   |                    |
|                              | or your dependents, including child support.   |                     |                   |               |                     |   |                    |
|                              | unmarried partner, members of your household,<br>ates. Include regular contributions from a spous                      |                     |                   | ٦.            |                     |   |                    |
|                              | include payments you listed on line 3  | ,                   |                   | \$            | 0.00                | \$  |                    |
| 5. Net inc                   | ome from operating a business, profession,   |                     |                   |               |                     |   |                    |
|                              |  |                     | otor 1            |               |                     |   |                    |
|                              | eceipts (before all deductions)  | \$ 0.00             |                   |               |                     |   |                    |
|                              | y and necessary operating expenses   | -\$ 0.00            | C                 | ф.            | 0.00                | Φ   |                    |
|                              | nthly income from a business, profession, or far   | m \$0.00            | Copy here ->      | . »           | 0.00                | \$  |                    |
| 6. Net inc                   | ome from rental and other real property  | Dob                 | otor 1            |               |                     |   |                    |
|                              | and the form all dark of   | \$ 0.00             | NOT I             |               |                     |   |                    |
|                              | eceipts (before all deductions)  | -\$ 0.00<br>-\$     |                   |               |                     |   |                    |
|                              | y and necessary operating expenses   |                     | Copy here ->      | . \$          | 0.00                | \$  |                    |
|                              | nthly income from rental or other real property  | \$                  | Copy Here ->      |               | 0.00                | \$  |                    |
| <ol><li>7. Interes</li></ol> | t, dividends, and royalties  |                     |                   | \$            | 0.00                | * <u></u>   |                    |

Official Form 122A-1

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| ebtor 1           | Lake, Jocelyn   |  |           | Case number       | er ( <i>if known</i> ) |                                   |          |                 |
|-------------------|---|--|-----------|-------------------|------------------------|-----------------------------------|----------|-----------------|
|                   |   |  |           | Column A Debtor 1 |                        | Column B Debtor 2 or non-filing s |          |                 |
| 8. Unen           | ployment compensation   |  |           | \$                | 0.00                   | \$                                |          |                 |
|                   | ot enter the amount if you contend that the amount rall Security Act. Instead, list it here:  | eceived was a benefit und                                | der the   |                   |                        |                                   |          |                 |
| Fo                | r you   | 0.0  | 0_        |                   |                        |                                   |          |                 |
|                   | your spouse   | <u> </u>   |           |                   |                        |                                   |          |                 |
| under             | ion or retirement income. Do not include any amonthe Social Security Act.   |  |           | \$                | 0.00                   | \$                                |          |                 |
| not in<br>a victi | ne from all other sources not listed above. Spe<br>clude any benefits received under the Social Secur<br>m of a war crime, a crime against humanity, or inte<br>essary, list other sources on a separate page and p | ity Act or payments receive rnational or domestic terror | ed as     |                   |                        |                                   |          |                 |
|                   | ·   |  |           | \$                | 0.00                   | \$                                |          |                 |
|                   |   |  | _         | \$                | 0.00                   | \$                                |          |                 |
|                   | Total amounts from separate pages, if any.  |  | +         | \$                | 0.00                   | \$                                |          |                 |
|                   | alate your total current monthly income. Add lin column. Then add the total for Column A to the to  |  | \$        | 9,327.48          | <b>+</b> [\$_          |                                   | = \$     | 9,327.48        |
| art 2:            | Determine Whether the Means Test Applies to   | o You  |           |                   |                        |                                   | Total o  | eurrent monthly |
| 12. <b>Calc</b> ı | late your current monthly income for the year.  | . Follow these steps:                                    |           |                   |                        |                                   |          |                 |
|                   | Copy your total current monthly income from line  |  |           | Сор               | y line 11 l            | nere=>                            | \$       | 9,327.48        |
| I                 | Multiply by 12 (the number of months in a year)   |  |           |                   |                        |                                   | X '      |                 |
| 12b.              | The result is your annual income for this part of the   | form   |           |                   |                        | 12b.                              | \$_1     | 11,929.76       |
| 13. <b>Calc</b> ı | late the median family income that applies to y   | ou. Follow these steps:                                  |           |                   |                        |                                   |          |                 |
| Fill in           | the state in which you live.  | NY   |           |                   |                        |                                   |          |                 |
| Fill in           | the number of people in your household.   | 2  |           |                   |                        |                                   |          |                 |
| To fin            | the median family income for your state and size d a list of applicable median income amounts, go This list may also be available at the bankruptcy of  | online using the link spe                                | cified in | the separa        | te instruct            | 13.<br>ions for this              | \$       | 71,343.00       |
| 14. <b>How</b>    | do the lines compare?   |  |           |                   |                        |                                   |          |                 |
| 14a.              | ☐ Line 12b is less than or equal to line 13. C<br>Go to Part 3.   | n the top of page 1, che                                 | ck box    | T,here is no      | presumpti              | on of abuse.                      |          |                 |
| 14b.              | Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.   | of page 1, check box 2Ţh                                 | e presu   | ımption of al     | ouse is det            | ermined by Fo                     | rm 122A  | -2.             |
| art 3:            | Sign Below  |  |           |                   |                        |                                   |          |                 |
|                   | By signing here, I declare under penalty of perjury t   | hat the information on this                              | staten    | nent and in a     | ny attachn             | nents is true an                  | d correc | t.              |
| X                 | / /s/ Jocelyn Lake  |  |           |                   |                        |                                   |          |                 |
|                   | Jocelyn Lake Signature of Debtor 1  |  |           |                   |                        |                                   |          |                 |
| Date              | June 5, 2019 MM / DD / YYYY   |  |           |                   |                        |                                   |          |                 |
| I                 | If you checked line 14a, do NOT fill out or file Forr   | n 122A-2.  |           |                   |                        |                                   |          |                 |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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| Fill       | in this information to identify your case:   |                        | Check the appropriate b      | oox as directed in    |
|------------|--|------------------------|------------------------------|-----------------------|
| Deb        | otor 1 Jocelyn Lake  |                        | lines 40 or 42:              |                       |
|            | otor 2   | _                      | According to the calculati   | ions required by this |
| (Sp        | ouse, if filing)   |                        | Statement:                   |                       |
| Uni        | Southern District of New York, White Plains Division   | _                      | ■ 1. There is no presum      | nption of abuse.      |
|            | se number  | _                      | ☐ 2. There is a presump      | ption of abuse.       |
| (if k      | nown)  | [                      |                              |                       |
| <b>○</b> 4 | finial Farms 400A 0  |                        | ☐ Check if this is an am     | ended filing          |
|            | ficial Form 122A - 2   |                        |                              |                       |
| Ch         | napter 7 Means Test Calculation  |                        |                              | 04/19                 |
| To fi      | ill out this form, you will need your completed copy of Chapter 7 Stateme  | ent of Your Current M  | fonthly Income (Official Fo  | orm 122A-1).          |
|            |  |                        |                              |                       |
|            | is complete and accurate as possible. If two married people are filing tog<br>seded, attach a separate sheet to this form, Include the line number to wh |                        |                              |                       |
|            | e your name and case number (if known).  | nich additional inform | lation applies. On the top   | any additional pages, |
|            |  |                        |                              |                       |
| Par        | t 1: Determine Your Adjusted Income  |                        |                              |                       |
| 1.         | Copy your total current monthly income. Copy line 11   | from Official Form 12  | 22A-1 here=>\$               | 9,327.48              |
|            |  |                        | _                            |                       |
| 2.         | Did you fill out Column B in Part 1 of Form 122A-1?  |                        |                              |                       |
|            | ■ No. Fill in \$0 for the total on line 3.   |                        |                              |                       |
|            | ☐ Yes. Is your spouse Filing with you?   |                        |                              |                       |
|            | □ No. Go to line 3.  |                        |                              |                       |
|            | ☐ Yes. Fill in \$0 the total on line 3.  |                        |                              |                       |
| 3.         | Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps:                   | oouse's income not u   | sed to pay for the           |                       |
|            | On line 11, Column B of Form 122A-1, was any amount of the income you re you or your dependents?   | ported for your spouse | NOT regularly used for the h | household expenses of |
|            | ■ No. Fill in 0 for the total on line 3.   |                        |                              |                       |
|            | _  |                        |                              |                       |
|            | Yes. Fill in the information below:  |                        |                              |                       |
|            | State each purpose for which the income was used   | Fill in the amo        | unt vou                      |                       |
|            | For example, the income is used to pay your spouse's tax debt or to  | are subtractin         | g from                       |                       |
|            | support other than you or your dependents.   | your spouse's          | income                       |                       |
|            |  | _ \$                   |                              |                       |
|            |  | \$                     |                              |                       |
|            |  | -<br>\$                | _                            |                       |
|            |  |                        | <del></del>                  |                       |
|            | Total  | \$                     | <u> </u>                     |                       |
|            |  |                        | Copy total here=>            | - \$0.00              |
|            |  |                        | Г                            |                       |
| 4.         | Adjust your current monthly income. Subtract line 3 from line 1.   |                        |                              | \$9,327.48            |
|            |  |                        |                              |                       |

Official Form 122A-2

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Debtor 1 Lake, Jocelyn Case number (if known)

### Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,288.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 55.00
- 7b. Number of people who are under 65 X
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 110.00 Copy here=> \$ 110.00

#### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114.00
- 7e. Number of people who are 65 or older X 0
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ \_\_\_\_\_\_**0.00 Copy here=> +\$** \_\_\_\_\_**0.00**
- 7g. Total. Add line 7c and line 7f
   \$ 110.00
   Copy total here=> \$ 110.00

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| Loca       | Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.   |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
|------------|---|-------------|---------------|-------------|-------------|--------------------------------|---------|-------------------|------------|-------|---|-----------|----------|----------|-------------------------------|----------|
|            | Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:  |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| <b>=</b> F | Housing and utilities - Insurance and operating expenses  |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| _          | Housing and utilities - Mortgage or rent expenses   |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| To a       | To answer the questions in lines 8-9, use the U.S. Trustee Program chart.   |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| To fi      | To find the chart, go online using the link specified in the separate instructions for this form.   |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
|            |   |             | be available  |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| 8.         | . Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| 9.         | Hou   | sing and    | utilities - M | ortgage o   | r rent exp  | enses:                         |         |                   |            |       |   |           |          |          |                               |          |
|            | 9a.   | -           |               |             |             | in line 5, fill ir<br>expenses |         |                   |            |       |   | \$_       | 2,55     | 1.00     |                               |          |
|            | 9b.   | Total ave   | rage monthly  | y payment f | for all mor | tgages and ot                  | her del | ots secur         | ed by your | home. |   |           |          |          |                               |          |
|            |   | contractu   |               | ach secure  |             | ayment, add a<br>in the 60 mor |         |                   |            |       |   |           |          |          |                               |          |
|            |   | Name of     | the creditor  |             |             |                                |         | erage mo<br>yment | onthly     |       |   |           |          |          |                               |          |
|            |   | -NONE-      |               |             |             |                                | \$_     |                   |            |       |   |           |          |          |                               |          |
|            | 9c.   | Net morto   | gage or rent  |             | rage montl  | nly payment                    | \$_     |                   | 0.00       | Cop   | • | -\$       |          | 0.00     | Repeat th amount or line 33a. |          |
|            |   | Subtract    | line Oh (tota | l average i | monthly no  | aymen) from I                  | ina Qa  | (mortas)          | ne or      |       |   |           |          | Сору     |                               |          |
|            |   |             |               |             |             | \$0, enter \$0.                |         |                   |            | \$    | · | 2,551     | 1.00     | here=>   | \$                            | 2,551.00 |
| 10.        |   |             |               |             |             | division of tenses, fill in a  |         |                   |            |       |   | is incorr | ect and  |          | \$                            | 0.00     |
|            | Exp   | olain why:  |               |             |             |                                |         |                   |            |       |   |           |          | _        |                               |          |
| 11.        | . Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.  |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
|            | □ 0. Go to line 14.   |             |               |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
|            | <b>1</b>  | . Go to lin | e 12.         |             |             |                                |         |                   |            |       |   |           |          |          |                               |          |
|            | <b>□</b> 2  | or more.    | Go to line 12 | 2.          |             |                                |         |                   |            |       |   |           |          |          |                               |          |
| 12.        |   |             |               |             |             | ocal Standard<br>for your Cens |         |                   |            |       |   |           | im the o | perating | \$                            | 319.00   |

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Pg 56 of 66 Lake, Jocelyn Debtor 1 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 13a. Ownership or leasing costs using IRS Local Standard..... 508.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Сору amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net Vehicle 1 13c. Net Vehicle 1 ownership or lease expense expense 508.00 508.00 Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0..... here => \$ Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line **Total Average Monthly Payment** 0.00 => Copy net Vehicle 2 13f. Net Vehicle 2 ownership or lease expense expense 0.00 0.00 Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. ..... here => \$ Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the bublic 0.00 Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim

0.00

more than the IRS Local Standard for Public Transportation.

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| Oth | er Necessary Expenses                                       | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.   |     |          |
|-----|---|---|-----|----------|
| 16. | self-employment taxes, Soci<br>your pay for these taxes. Ho | nount that you will actually owe for federal, state and local taxes, such as income taxes, ial Security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 and ne total monthly amount that is withheld to pay for taxes. |     |          |
|     | Do not include real estate, s                               | ales, or use taxes.   | \$  | 1,995.66 |
| 17. | Involuntary deductions: Tunion dues, and uniform co         | The total monthly payroll deductions that your job requires, such as retirement contributions, sts.   |     |          |
|     | Do not include amounts that                                 | t are not required by your job, such as voluntary 401(k) contributions or payroll savings.  | \$  | 965.80   |
| 18. | together, include payments                                  | nonthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life insurance on-filing spouse's life insurance, or for any form of life insurance other than term.  | \$  | 0.00     |
| 19. | Court-ordered payments: agency, such as spousal or          | The total monthly amount that you pay as required by the order of a court or administrative child support payments.   |     |          |
|     | Do not include payments of                                  | n past due obligations for spousal or child support. You will list these obligations in line 35.  | \$  | 0.00     |
| 20. | Education: The total month  as a condition for your jo      | nly amount that you pay for education that is either required: b, or  |     |          |
|     | for your physically or me                                   | ntally challenged dependent child if no public education is available for similar services.   | \$  | 620.00   |
| 21. | Childcare: The total month                                  | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |     |          |
|     | Do not include payments for                                 | r any elementary or secondary school education.   | \$  | 0.00     |
| 22. | required for the health and v                               | <b>Denses, excluding insurance costs:</b> The monthly amount that you pay for health care that is welfare of you or your dependents and that is not reimbursed by insurance or paid by a health only the amount that is more than the total entered in line 7.  |     |          |
|     | Payments for health insuran                                 | nce or health savings accounts should be listed only in line 25.  | \$  | 0.00     |
| 23. | you and your dependents, s                                  | elephone services: The total monthly amount that you pay for telecommunication services for uch as pagers, call waiting, caller identification, special long distance, or business cell phone sary for your health and welfare or that of your dependents or for the production of income, if it imployer.                                  |     |          |
|     |   | or basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.   | +\$ | 0.00     |
| 24. | Add all of the expenses at Add lines 6 through 23.          | llowed under the IRS expense allowances.  | \$  | 9,100.46 |

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| Add | itional Expense Deductions These are additional deduction   | ions allowed by the                             | Means Test.                                |         |          |  |  |
|-----|---|---|--|---------|----------|--|--|
|     | Note: Do not include any exp  | pense allowances lis                            | sted in lines 6-24.                        |         |          |  |  |
| 25. | 25. <b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. |   |  |         |          |  |  |
|     | Health insurance \$   | 0.00  |  |         |          |  |  |
|     | Disability insurance \$   | 0.00  |  |         |          |  |  |
|     | Health savings account + \$   | 0.00  |  |         |          |  |  |
|     |   |   |  |         |          |  |  |
|     | Total \$  | 0.00  | Copy total here=>                          | \$\$    | <u>D</u> |  |  |
|     | Do you actually spend this total amount?  |   |  |         |          |  |  |
|     | ☐ No. How much do you actually spend?   |   |  |         |          |  |  |
|     | Yes \$  |   |  |         |          |  |  |
| 26. | Continued contributions to the care of household or fami continue to pay for the reasonable and necessary care and suphousehold or member of your immediate family who is unable to contributions to an account of a qualified ABLE program. 26 U.                | oport of an elderly, co<br>to pay for such expe | hronically ill, or disabled member of your | \$ 0.00 | <u>D</u> |  |  |
| 27. | 27. <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.                     |   |  |         |          |  |  |
|     | By law, the court must keep the nature of these expenses conf   | fidential.                                      |  | \$ 0.00 | 0        |  |  |
| 28. | Additional home energy costs. Your home energy costs are  | included in your ins                            | surance and operating expenses on line 8.  |         |          |  |  |
|     | If you believe that you have home energy costs that are more the fill in the excess amount of home energy costs.  | han the home energ                              | y costs included in expenses on line 8,    |         |          |  |  |
|     | You must give your case trustee documentation of your actual claimed is reasonable and necessary.   | expenses, and you                               | must show that the additional amount       | \$      | 0_       |  |  |
| 29. | Education expenses for dependent children who are your \$170.83* per child) that you pay for your dependent children we elementary or secondary school.   |   |  |         |          |  |  |
|     | You must give your case trustee documentation of your actual reasonable and necessary and not already accounted for in line   |   | must explain why the amount claimed is     |         |          |  |  |
|     | * Subject to adjustment on 4/01/22, and every 3 years after tha   | at for cases begun o                            | n or after the date of adjustment.         | \$ 0.00 | 0        |  |  |
| 30. | <b>Additional food and clothing expense.</b> The monthly amount than the combined food and clothing allowances in the IRS National Standard the food and clothing allowances in the IRS National Standard   | National Standards.                             |  |         |          |  |  |
|     | To find a chart showing the maximum additional allowance, go this form. This chart may also be available at the bankruptcy cl   |   | specified in the separate instructions for |         |          |  |  |
|     | You must show that the additional amount claimed is reasonab  | ole and necessary.                              |  | \$ 0.00 | 0        |  |  |
| 31. | <b>Continuing charitable contributions.</b> The amount that you vinstruments to a religious or charitable organization. 26 U.S.C.   |   |  | +\$     | <b>D</b> |  |  |
| 32. | Add all of the additional expense deductions. Add lines 25 through 31.  |   |  | \$      |          |  |  |

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| Dedu | ctions for Debt Payment  |   |            |                                       |                        |                         |      |
|------|--|---|------------|---------------------------------------|------------------------|-------------------------|------|
|      | or debts that are secured by an intere<br>nd other secured debt, fill in lines 33a       | st in property that you own, including hor<br>through 33e.  | ne mortga  | ages, vehicle loar                    | ıs,                    |                         |      |
|      | o calculate the total average monthly payr<br>ne 60 months after you file for bankruptcy | ment, add all amounts that are contractually do . Then divide by 60.  | ue to each | secured creditor in                   | 1                      |                         |      |
|      | Mortgages on your home:  |   |            |                                       |                        | Average monthly bayment |      |
| 33a. | Copy line 9b here  |   |            |                                       | => \$                  | 0.00                    |      |
|      | Loans on your first two vehicles:  |   |            |                                       |                        |                         |      |
| 33b. | Copy line 13b here   |   |            | =                                     | => \$                  | 0.00                    | _    |
| 33c. |  |   |            |                                       | => \$                  | 0.00                    |      |
| 33d. | List other secured debts:  |   |            |                                       |                        |                         |      |
| Name | of each creditor for other secured debt  | Identify property that secures the debt   |            | Does payment include taxes insurance? |                        |                         |      |
|      |  |   |            | □ No                                  |                        |                         |      |
|      | -NONE-   |   |            | ☐ Yes                                 | \$                     |                         |      |
|      |  |   |            |                                       | Ψ                      |                         | -    |
|      |  |   |            | ☐ No                                  |                        |                         |      |
|      |  |   |            | _                                     | \$                     |                         | _    |
|      |  |   |            | П №                                   |                        |                         |      |
|      |  |   |            | =                                     |                        |                         |      |
|      |  |   |            | □ Yes                                 | +\$<br>_               |                         | _    |
|      |  |   |            |                                       | Сору                   |                         |      |
| 33e  | Total average monthly payment. Add li  | nes 33a through 33d   | \$         | 0.00                                  | total                  | \$ 0.00                 | 0    |
| 000. | Total avolago monany paymona / taa n   |   | ·· L_      |                                       | here=>                 |                         | _    |
|      |  | secured by your primary residence, a ver-<br>port or the support of your dependents?                            | icle, or   |                                       |                        |                         |      |
| _    | No. Go to line 35.   |   |            |                                       |                        |                         |      |
| L    |  | t pay to a creditor, in addition to the paymen<br>our property (called the <i>cure amount</i> ). Next, d<br>ow. |            | 1                                     |                        |                         |      |
| Nam  | e of the creditor  | Identify property that secures the debt   |            | Total cure amount                     |                        | Monthly cure amount     |      |
| -NO  | DNE-   |   | 9          |                                       | ÷ 60 = 3               | \$                      | -    |
|      |  |   |            |                                       | _                      |                         | -    |
|      |  | ٦   | 「otal \$   | 0.00                                  | Copy<br>total<br>here= | » \$0                   | 0.00 |
|      | o you owe any priority claims such as<br>re past due as of the filing date of you        | s a priority tax, child support, or alimony -<br>r bankruptcy case? 11 U.S.C. § 507.                            | that       |                                       | _                      |                         |      |
|      | No. Go to line 36.   |   |            |                                       |                        |                         |      |
|      | Yes. Fill in the total amount of all of a priority claims, such as those y               | these priority claims. Do not include current ou listed in line 19.   | or ongoing | J                                     |                        |                         |      |
|      | Total amount of all past-due p   | riority claims  | \$         | 2,742.60                              | ÷ 60 =                 | \$45                    | .71  |

Lake, Jocelyn Debtor 1 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link foBankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. ☐ No. Go to line 37. Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 181.31 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for 7.60 all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 13.78 13.78 here=> Average monthly administrative expense if you were filing under Chapter 13 59.49 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 9,100.46 expense allowances Copy line 32, All of the additional expense deductions 0.00 Copy line 37, All of the deductions for debt payment 59.49 9,159.95 9,159.95 Total deductions Copy total here.....=> \$ Part 3: **Determine Whether There is a Presumption of Abuse** 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 9,327.48 39b. Copy line 38, Total deductions 9,159.95 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Сору Subtract line 39b from line 39a 167.53 167.53 here=>\$ For the next 60 months (5 years) x 60 Сору 39d. Total. Multiply line 39c by 60 10,051.80 10,051.80 here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ☐ The line 39d is less than \$8,175\*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$13,650\*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ■ The line 39d is at least \$8,175\*, but not more than \$13,650\*. Go to line 41. \*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

| Debtor 1 | Lake   | e, Jocelyn  | Case                | e number ( <i>if known</i> )           |                |                  |
|----------|--------|---|---------------------|--|----------------|------------------|
| 41.      | 41a.   | Fill in the amount of your total nonpriority unsecured debt. If you filled ou<br>Summary of Your Assets and Liabilities and Certain Statistical Information<br>Schedules (Official Form 106Sum), you may refer to line 3b on that form. | ut <i>A</i><br>41a. | \$ 174,172.05<br>x .25                 | Г              |                  |
|          | 41b.   | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)( Multiply line 41a by 0.25  |                     | 10 4354301                             | Copy<br>nere=> | \$ 43,543.01     |
| of       | your ( | ne whether the income you have left over after subtracting all allowed dec<br>unsecured, nonpriority debt.<br>ne box that applies:  | ducti               | ons is enough to pay 25                | %              |                  |
| •        |        | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>There</i> or Part 5.   | re is r             | no presumption of abuse.               |                |                  |
|          |        | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, checke. You may fill out Part 4 if you claim special circumstances. Then go to Part 5  |                     | x 2, There is a presumption            | n of           |                  |
| Part 4:  | Giv    | ve Details About Special Circumstances  |                     |  |                |                  |
|          |        | ve any special circumstances that justify additional expenses or adjustme alternative? 11 U.S.C. § 707(b)(2)(B).  | ents                | of current monthly incor               | me for w       | hich there is no |
|          | lo. Go | o to Part 5.  |                     |  |                |                  |
| □ Y      |        | Il in the following information. All figures should reflect your average monthly export may include expenses you listed in line 25.   | ense                | or income adjustment for               | each ite       | m.               |
|          | ne     | ou must give a detailed explanation of the special circumstances that make the execessary and reasonable. You must also give your case trustee documentation of djustments.   |                     |  |                |                  |
|          | G      | Give a detailed explanation of the special circumstances  |                     | erage monthly expense ncome adjustment |                |                  |
|          | _      |   | \$                  |  | _              |                  |
|          | _      |   | \$                  |  | _              |                  |
|          | _      |   | \$                  |  | _              |                  |
|          | _      |   | \$                  |  | _              |                  |
| Part 5:  | _      | gn Below  |                     |  |                |                  |
|          |        | igning here, I declare under penalty of perjury that the information on this stateme  | ent ar              | nd in any attachments is tru           | ue and c       | orrect.          |
|          |        | / Jocelyn Lake<br>ocelyn Lake   |                     |  |                |                  |
| D        |        | gnature of Debtor 1   |                     |  |                |                  |
| Da       |        | wne 5, 2019<br>M / DD / YYYY  |                     |  |                |                  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation        |
|--------|-------|--------------------|
|        | \$245 | filing fee         |
|        | \$75  | administrative fee |
| +      | \$15  | trustee surcharge  |
|        | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 19-23126-rdd Doc 1 Filed 06/05/19 Entered 06/05/19 15:33:48 Main Document Pg 66 of 66

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Southern District of New York, White Plains Division

| In re       | Lake, Jocelyn  |   | Case No.                  |                       |              |
|-------------|--|---|---------------------------|-----------------------|--------------|
|             |  | Debtor(s)   | Chapter                   | 7                     |              |
|             | DISCLOSURE OF COM  | PENSATION OF ATT                                  | ORNEY FOR I               | DEBTOR                |              |
| C           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati   | filing of the petition in bankrupto               | ey, or agreed to be pai   | d to me, for services |              |
|             | For legal services, I have agreed to accept  |   | \$                        | 1,300.00              |              |
|             | Prior to the filing of this statement I have receive   |   |                           | 1,300.00              |              |
|             | Balance Due  |   | \$                        | 0.00                  |              |
| 2. [        | The source of the compensation paid to me was:   |   |                           |                       |              |
|             | ■ Debtor □ Other (specify):  |   |                           |                       |              |
| 3.          | The source of compensation to be paid to me is:  |   |                           |                       |              |
|             | ■ Debtor □ Other (specify):  |   |                           |                       |              |
| 1.          | ■ I have not agreed to share the above-disclosed cofirm.   | ompensation with any other perso                  | on unless they are men    | mbers and associates  | of my law    |
|             | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the   |   |                           |                       | law firm. A  |
| 5.          | In return for the above-disclosed fee, I have agreed t   | to render legal service for all aspe              | ects of the bankruptcy    | case, including:      |              |
| ł           | <ul><li>a. Analysis of the debtor's financial situation, and re</li><li>b. Preparation and filing of any petition, schedules,</li><li>c. Representation of the debtor at the meeting of cred. [Other provisions as needed]</li></ul> | statement of affairs and plan whi                 | ch may be required;       | •                     | kruptcy;     |
| б. I        | By agreement with the debtor(s), the above-disclosed Adversary proceedings and conversion  |   | ng service:               |                       |              |
|             |  | CERTIFICATION                                     |                           |                       |              |
| I<br>this b | I certify that the foregoing is a complete statement of ankruptcy proceeding.  | f any agreement or arrangement f                  | For payment to me for     | representation of the | debtor(s) in |
| Jı          | une 5, 2019  | /s/ Robert Lewis                                  | <b>;</b>                  |                       |              |
| D           | ate  | Robert Lewis Signature of Attorn Law Office of Ro | ney<br>Obert S. Lewis, PC |                       |              |
|             |  | 53 Burd St<br>Nyack, NY 1096                      | 0-3265                    |                       |              |
|             |  | robert.lewlaw1@                                   | gmail.com                 |                       |              |
|             |  | Name of law firm                                  |                           |                       |              |